MINISTRY OF HEALTH

Report of the Committee on Social Workers in the Mental Health Services

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(*Appointed by the Minister of Health by Minute dated 8th July*, 1948)

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MINISTRY OF LABOUR AND NATIONAL SERVICE ...	Miss M. Hayward.

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* Appointed by Minute dated 21st October, 1948.
† Appointed by Minute dated 1st October, 1948, in place of Miss C. V. Barclay.

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The estimated cost of the preparation of this Report (including the expenses of the Committee and witnesses) is £207 14s. 1d. of which £144 0s. 0d. represents the estimated cost of printing and publishing this Report.

REPORT OF THE COMMITTEE ON SOCIAL WORKERS IN THE MENTAL HEALTH SERVICES

To: The Right Honourable Hilary Marquand, M.P.,
Minister of Health.

INTRODUCTION

SIR,

1. We have the honour to submit our Report on the supply and demand, training and qualifications of social workers in the mental health services.

2. This Committee was appointed in July, 1948, with the following terms of reference:

> " To consider and make recommendations upon questions arising in regard to the supply and demand, training and qualifications of social workers in the mental health service. The Committee to present an interim report on these questions in relation to psychiatric social workers."

In accordance with our terms of reference we have surveyed the field of social work in mental health as a whole, and we have examined the training and the activities of the various types of social worker in the service of children in need of special guidance and persons suffering from mental illness or defect. In the course of our study which extended over a period of two years we have received both oral and written evidence and we have interpreted widely our opportunities of gaining knowledge from men and women whose interests and experience brought them into touch with any aspect of the mental health services. This Report is based primarily upon an objective study of the evidence that we have received, sifted and set in order by discussions in committee. In approaching our task we have followed the terms of reference by considering first the supply and demand of workers in the mental health services, both now and in the foreseeable future; secondly, the training and qualifications of workers in the service at the present time; and, thirdly, the recommendations which we ought to make on both these subjects with special reference to problems of training and qualification.

3. The scope of the mental health services in this country has been greatly enlarged in recent years with the result that there has been a progressive increase in the demand from employing authorities for the services of mental health workers. The representatives of these employing authorities concur with our other witnesses in reporting an acute shortage of *trained* social workers in every branch of the mental health services. One local authority after another has stated that no applications have been received in response to repeated advertisements for psychiatric social workers; some authorities have resorted to making appointments of partly trained or untrained workers, while others have been obliged to leave posts vacant for long periods. The number of social workers who have qualified by completing the mental health course is exceedingly small in relation to the demand; indeed, some authorities report that they are finding difficulty in securing even the services of untrained workers in mental health. We have little doubt that the main reason for this is that in a period of full employment the total number of women with the capacity to undertake work of this kind and without more attractive prospects elsewhere is small in relation to the whole field of employment for women. There is little encouragement, financial or otherwise, for young women of ability to undergo a long, hard course of training for the heavy and responsible work which employment in the mental health services involves.

4. The cause of this situation is not merely the normal pressure for expansion of the social services, a pressure which one would have expected to be applied in the post-war reconstruction. The National Health Service Act of 1946 has had a decisive effect in bringing into prominence the need for extending non-medical services of many kinds in the broad realm of public health. Ideally, the effect of increasing these auxiliary services is to rationalise the use of the more highly trained and expensive medical personnel and in practice this can be to a considerable extent achieved. Many years ago one of our progressive provincial towns employed medical officers to undertake home visiting of infants and young children; the scheme was effective but it was shown that good results could be secured by the employment of health visitors whose training was designed for that special purpose. So to-day in the sphere of mental health we ought to consider the best and most economical use of medical and non-medical staff. Again, the National Health Service Act of 1946 aimed at closing the breach between the services for mental and physical illness as had been recommended by the Royal Commission on Lunacy and Mental Disorder, 1926, in these striking words:—

> " That the treatment of mental disorder should approximate as nearly to the treatment of physical ailments as is consistent with the special safeguards which are indispensable when the liberty of the subject is infringed; that certification should be the last resort and not a necessary preliminary to treatment; and that the procedure for certification should be simplified, made uniform for private and rate-aided cases alike and dissociated from the Poor Law."

Since the National Health Service Act came into force considerable progress has been made in these directions: each regional hospital board has appointed a mental health committee, and a psychiatrist has been attached to the medical staff of most of the boards to advise on the co-ordination of the mental health services. In addition, expert advisory mental health committees have been formed in many areas. As this organisation has been developing, the need for trained social workers in the national hospital service has become more and more apparent and their value in linking the care of mental and physical illness is obvious.

5. The social services of local health authorities also are profoundly affected by the National Health Service Act; in addition to the specific duties laid down for the ascertainment, community care and training of mental defectives, and for the ascertainment and follow up of persons suffering from mental illness, local health authorities are empowered to make general arrangements for the prevention of mental illness. These matters are dealt with more fully later but in this introduction it is necessary for us to emphasise that the demand for social workers in the mental health services, which was in any case increasing, has been strengthened by the National Health Service Act.

OBSERVATIONS ON THE ENQUIRY

SCOPE AND METHOD OF APPROACH

6. We understood that the submission of an Interim Report on psychiatric social workers, mentioned in our terms of reference, was a matter of some urgency and we regarded it as our first duty to consider this aspect of our subject and in particular to study means for relieving the acute shortage of psychiatric social workers: we accordingly gave priority in discussion and in receiving evidence to the examination of schemes designed to train assistants in psychiatric social work. At the same time, in order to achieve a right perspective, we maintained a survey of the broader problem of supply and demand, training and qualifications of other social workers in the mental health services.

7. At our meetings in full committee we examined a number of witnesses and considered memoranda submitted by associations or individual workers actively engaged in the mental health and other social services. We made contact also with associations representing local health authorities; the universities and teaching schools, especially those undertaking special courses for training psychiatric social workers; voluntary bodies undertaking work in mental health and other bodies and persons known to be specially interested in our subject.

8. We desire to express our gratitude to those who have so readily and so freely responded to our requests for evidence and information and we are especially grateful for the helpful and constructive suggestions received in relation to immediate proposals for the supply and training of social workers for the mental health services.

INTERIM REPORT

9. In April, 1949, we presented to the Minister of Health an Interim Report with regard to the supply and demand, training and qualifications of psychiatric social workers; the following is a summary of our recommendations:—

(i) Fuller and better use should be made of married psychiatric social workers in part time appointments.

(ii) The recruitment of men into the mental health services should be encouraged.

(iii) The standards of training of psychiatric social workers as set by the mental health course of the London School of Economics and Political Science (University of London) and the Universities of Manchester and Edinburgh should be maintained.

(iv) The term " psychiatric social worker " should be restricted to those persons who hold a university mental health certificate.

(v) Psychiatric social workers should be regarded as specialists in their own sphere and such appointments should be made financially more attractive.

(vi) Grants from public funds should be made to suitable candidates to enable them to take the mental health course and the social science course.

(vii) Efforts should be made to establish additional university special courses of one year in psychiatric social work in those parts of England and Wales where they are needed, and where adequate facilities for training in practical work and skilled teachers are available.

(viii) A separate register of psychiatric social workers should be kept by the Association of Psychiatric Social Workers.

(ix) Efforts should be made to economise in the use of the services of fully qualified workers.

(x) An apprenticeship system should be introduced, on a regional basis, under which assistants may be admitted to training in the mental health field under the supervision of experienced psychiatric social workers for a period of two years during which time they should be paid a salary or training grant.

(xi) A voluntary central consultative committee should be set up in order to achieve common standards in the apprenticeship schemes of regional hospital boards.

(xii) Emergency courses of training for mental deficiency workers should be extended. The arrangements for these courses could well be made by the National Association for Mental Health.

10. Our Interim Report was not published. The reasons for this we understand were that the financial position of the country precluded the immediate adoption of some of our recommendations which might have involved fresh exchequer expenditure and that another committee set up by your predecessor was still actively examining other services likely to draw upon the same source of recruitment. In the circumstances it was not practicable for him to consider in detail or to take action upon recommendations (vi), (vii) and (x), but in January, 1950, the attention* of regional hospital boards, hospital management committees and local health authorities was drawn to recommendations (i), (ii), (iv) and (ix). Your predecessor expressed the hope that these bodies would confer within their hospital regions with the object of economising in the use of trained staff and implementing as far as possible our first two recommendations. In addition, he approved and put forward our recommendation that the term " psychiatric social worker " should be restricted to those persons who hold a university mental health certificate.

PREPARATION OF FINAL REPORT

11. After the presentation of our Interim Report, we continued to receive evidence and to ask for the preparation of memoranda on the broader aspects of our subject. In this we received great assistance from many bodies and individuals whose names are listed in Appendix III, and we wish especially to thank those who were good enough to add to their original evidence and so enable us to keep our material continuously up to date. Our meetings as a Committee continued at regular intervals throughout the winter of 1949–50 and this report which was drafted during the summer of 1950 may be regarded as incorporating both the material which we used for the Interim Report and the gist of our subsequent discussions and comments on the evidence received up to the time of completion.

DEFINITION OF TECHNICAL TERMS EMPLOYED IN THE REPORT

12. We do not propose to hazard exact definitions of the technical terms employed in this report, but it will save ambiguity if we give a description of certain terms which recur frequently in the text. Since the majority of psychiatric social workers and a large number of mental welfare workers are women, the feminine gender is used generally throughout the report.

Mental Health Course: a specialised training for psychiatric social work at present offered only at the London School of Economics and Political Science (University of London) and the Universities of Manchester and Edinburgh.

Psychiatric Social Work: professional social work in the field of mental health which includes service to children suffering from personal difficulties or presenting problems of behaviour and to adults needing care or after-care on account of mental illness.

Social Worker: for the understanding of this expression we are indebted to Miss Younghusband†:—

> " The social worker is concerned with remedying certain deficiencies which may exist in the relation between the individual and his environment, and for this purpose is concerned with the total individual in relation to the whole of his environment, in so far as this is relevant to righting such deficiencies. This involves at least three things: (*a*) diagnosis of the particular need, sometimes simple and sometimes a skilled process; (*b*) knowledge of all the social services and the particular resources of a local community which may be available to help in the given case; (*c*) assisting the individual or group of individuals to make the best use of these resources and to achieve a better degree of personal development and a more satisfying adjustment to the social environment."

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* *Memorandum R.H.B.* (50) 5/*H.M.C.* (50) 5 *of* 10*th January*, 1950; and *Circular No.* 6/50 *of January*, 1950 *to local health authorities.*

† Eileen L. Younghusband, *Report on the Employment and Training of Social Workers*, 1947 (para. 5). Carnegie United Kingdom Trust.

Psychiatric Social Worker: a social worker who has completed a mental health course as defined above, and obtained a certificate of proficiency in this work.

Mental Welfare Worker: a person engaged in social work in the mental health field, other than a psychiatric social worker. Such persons may or may not have had basic training in social work; they may have received training in mental deficiency or other mental welfare work, but have not taken a mental health course as defined above.

Duly Authorised Officer: an officer appointed by a local health authority who is required by statute to take the initial proceedings in providing care and treatment for persons suffering from mental illness. He may be, and frequently is, called upon to perform a number of other functions in connection with mentally ill or defective persons or with the aged, the homeless, the blind, and—to a less extent—other handicapped persons.

SECTION I: HISTORICAL NOTE

SOCIAL WORK IN THE MENTAL HEALTH FIELD

13. Organised social work for the benefit of adults suffering from mental disorder has its roots in the nineteenth century. The pioneers in Great Britain were the founders of the Mental After-Care Association. After 1930, when the Mental Treatment Act came into operation, expansion was rapid. The stimulus given by the Board of Control greatly advanced the prospects of bringing mental and physical illness more closely together, in terms of treatment. The Act also gave a new impetus to social work by permitting voluntary in-patient treatment—a long step forward in the care of the mentally ill. The out-patient clinic, by its emphasis on early treatment, played its part in the prevention of mental illness, at the same time increasing the need for social care and after-care.

14. Until the turn of the present century the arrangements for dealing with mental defectives were rather indiscriminately lumped with the care of persons suffering from mental disorder. The Report of the Royal Commission on the Care of the Feeble-minded, presented in 1908, was the basis of the Mental Deficiency Act, 1913, and an inspiration for voluntary effort. The body known in recent years as the Central Association for Mental Welfare was formed in 1913 and began to press for better recognition of the problems of mental deficiency, and for the organisation of community care. Working in close co-operation with local authorities this Association stimulated the development of social work among mental defectives, and the training of mental welfare workers.

15. Shortly after the first World War a broader concept of mental hygiene led to a closer study of the psychoneuroses. The National Council for Mental Hygiene, founded in 1922, was active in this development, and the general hospitals took an increasing share in the care of this type of patient. The organisation of the psychiatric clinic demonstrated the need for teamwork between the psychiatrist and the social worker as an effective link between the hospital and the patient's home. Psychiatric social work as we know it to-day owes its origin and its name to Miss Mary Jarrett, who in 1913 became Director of Social Service at the Psychopathic Hospital, Boston (Mass.). The service received a great impetus in the United States, because of the urgent needs of veterans from the first World War. An Association of Psychiatric Social Workers was formed there in 1926.

16. From the British point of view a more significant movement was Child Guidance, a movement which was baptised in U.S.A. in 1922. It arose from the study of juvenile delinquency and its origins are associated with the name of Dr. William Healy who was called from Chicago in 1917 to direct a clinic to serve the Boston Juvenile Court. By 1922 interest in child psychiatry had spread widely, and the Commonwealth Fund saw that the time was opportune to offer demonstrations of teamwork in child guidance. The first clinic, at St. Louis, Missouri, was opened in 1922, with a team consisting of a psychiatrist, a psychologist, and a psychiatric social worker. Experience soon demonstrated that many of the children coming to the juvenile court were far beyond the stage at which prevention might be effective, and special efforts were made to study children with behaviour problems referred by schools and other institutions as well as from private homes. This finding led to an immediate increase in the number of psychiatric social workers and the establishment of further courses for their training.

17. In this country the Child Guidance movement drew its inspiration from the pioneer work of the Commonwealth Fund of America. It is difficult to see how either child guidance or psychiatric social work could have started without their support; certainly the development would have hung back for many years. The Committee would like to record their deep sense of gratitude to the Fund for their initiative, and for their generous support for a long, difficult period until child guidance was firmly established. In another important sphere the Commonwealth Fund, in 1929, assisted the London School of Economics and Political Science to establish a course of training for psychiatric social workers and offered a number of scholarships to students. The grants received from the Fund established psychiatric social work firmly in the United Kingdom.

18. A further advance in the co-ordination of the voluntary social services in this country was achieved in 1946. In consequence of the recommendations of the Feversham Committee on the Voluntary Mental Health Services, three of the voluntary associations concerned with mental hygiene—the Central Association for Mental Welfare, the National Council for Mental Hygiene and the Child Guidance Council—were amalgamated under the title of " The National Association for Mental Health ". They had been working together as a Provisional National Council for some years previously.

HISTORY OF TRAINING FOR PSYCHIATRIC SOCIAL WORK

19. Training for psychiatric social work was started at the London School of Economics and Political Science in 1929, at the University of Edinburgh in 1944, and at the University of Manchester in 1946. Before the war it would have been hard to justify the establishment of more than one course of training in terms of demand. Each step of the way had to be demonstrated by service. Anxiety over the future employment of each student in a group which before the war varied in size from eleven to twenty-five had hardly passed when the very existence of the training was threatened, owing to conditions created by the war.

20. The original course was part of a scheme for the establishment of a child guidance service in this country. It was initiated shortly after the formation of the Child Guidance Council and at the same time as the London Child Guidance Clinic and Training Centre. The Commonwealth Fund of America guaranteed to support a programme which included the parent body, the demonstration clinic and the mental health course.

21. During the years 1927–1929 a group of psychiatrists, university teachers and social workers were invited to see the work in the United States, and two groups of experienced social workers were given training at the New York School of Social Work and the Institute of Child Guidance. When the training was started there was therefore a small number of qualified supervisors whose responsibility for training was recognised as of equal importance to the service that they were helping to establish.

22. Although the primary interest had been in child guidance the need for skilled social work in the out-patient clinics and mental hospitals for adults was also recognised. There was never any question of separating the training of those who wished to work for children and those whose interest lay in the treatment of adults, though some provision was made for specialisation. The qualified supervisors were placed in key positions in one or two out-patient departments of general hospitals in London, and at the Maudsley Hospital which, as the only public hospital in England able to accept voluntary mental patients, had already established a reputation as a centre for training and research.

23. It was acknowledged from the outset that a high standard of clinical practice was essential to the success of the training. The first course was designed by close co-operation between the Child Guidance Council and the London School of Economics, and at an early stage a consultative committee was formed of individuals able to represent the interests of the main public and private bodies concerned with mental health.

24. At first it was thought important that students should work in a variety of clinics and hospitals. A year or two of experience showed, however, that it was essential for good teaching in case work that each student should have the opportunity for sustained work with the same patients. Their need for knowledge of a wide variety of clinical types could best be served, it was thought, by offering clinical teaching at the centres where prolonged case work could also be undertaken. It was this view which led to the placing of all the students for practical training at the Maudsley Hospital and the London Child Guidance Clinic.* The same consideration led to a change in the training in services for mentally defective patients. The experiment of a few weeks spent in accompanied visits did not seem to convey a proper sense of case work in this field, and an attempt was made instead to give each student some experience of mental deficiency in the two centres where they were already training. As trained workers slowly came to be established in other hospitals of the London County Council and later at mental hospitals outside London, it became possible to arrange for an additional period of practical work with psychotic patients, or alternatively in a mental deficiency service. Later, the length of the training was extended from ten to twelve months to allow for experience in a variety of clinics and hospitals in other parts of the country.

25. On the theoretical side the trend during the early period was towards fewer and more comprehensive courses, and towards more learning by discussion. It was found necessary to give more time to the study of the normal development of the individual and varieties of family relationship than had at first been planned, as the students did not in their general training gain sufficient knowledge by means of which their experience of mental disturbance could be placed in proper perspective. The Social Science Department was able to offer in this as in other fields a critical appraisal of social philosophy and institutions which has always formed the background of training for social work in this country. It was, however, characteristic of the mental health course that most of those who were appointed for class room teaching were themselves clinical practitioners, and that tutors as well as supervisors of practical work shared the same kind of training and experience.

26. The final responsibility for the selection of students and the award of the certificate rested naturally with the School, but recommendations were made by committees upon which practitioners were represented. The scholarships offered by the Commonwealth Fund and subsequently by the Ministry of Health through the National Association for Mental Health enabled selection to be relatively independent of the private means of the students. Some good students were, however, unable to take the course for financial reasons, and a loan fund privately established was freely used.

27. From 1946 the support of the Commonwealth Fund was gradually withdrawn, and the Governors of the School decided to take the financial responsibility for the course, in the first instance for a period of seven years. The war had led to an increase in the demand for psychiatric social workers all over the country. In 1946, when the two further courses were established, the number of students at the London School of Economics had increased fourfold since 1929, yet only a small proportion of the vacant posts could be filled each year.

* Now the Child Guidance Training Centre, 6, Osnaburgh Street, London, N.W.1.

SECTION II: THE PRESENT POSITION

EMPLOYING AUTHORITIES

28. The organisation of mental health under the National Health Service Act of 1946 has now been substantially developed; the principal authorities are the regional hospital boards which have for the most part recognised advisory committees of experts in addition to their establishment of a mental health committee and a regional psychiatrist. The areas of service of mental hospitals have been surveyed and the regional psychiatrists have presented draft plans for the co-ordination of out-patient and in-patient work. Throughout the country the situation is greatly complicated by lack of beds and of other facilities for persons suffering from mental illness and still more by lack of accommodation for mental defectives. It is clear that early developments must take place if the service is to maintain its efficiency, and that stronger links must be forged between the mental hospitals and institutions, the local health and education authorities who control the community services, and the patients against the background of home and family. In helping to provide a co-ordinated community service the local health and education authorities will require to an increasing extent the services of psychiatric and other mental health social workers. Without this co-ordination there would be a real danger of mental health becoming separated into compartments in such a way as to cause inefficiency in services to the patients and at the same time extravagance in the use of trained social workers. We shall consider these points in more detail as they affect the fundamental economy of personnel and function which we have to achieve.

REGIONAL HOSPITAL BOARDS, BOARDS OF GOVERNORS OF TEACHING HOSPITALS AND HOSPITAL MANAGEMENT COMMITTEES

29. The regional hospital boards are responsible on behalf of the Minister of Health for co-ordinating and supervising all the mental hospitals and mental deficiency institutions. In these functions are included psychiatric clinics, domiciliary care, and specialist services in psychiatry. Although regional boards do not take any direct part in the management of hospitals or institutions, the day to day control and administration of which is the immediate responsibility of hospital management committees, they have a well defined duty of co-ordination as represented by the establishment of a mental health committee, a regional psychiatrist and an advisory committee. It is clearly intended that the regional hospital boards should exercise a very close influence on the development of the service and in the provision of trained staff. It should be noted also that the management committees of mental hospitals and institutions have special responsibilities under Statute.

LOCAL HEALTH AUTHORITIES

30. The Local Health Authorities of England and Wales are the county and county borough councils (62 and 83 respectively). It is difficult at this stage to be sure to what extent the proposals for a mental health service put forward by these authorities have been implemented. The scope of psychiatric work under their government awaits a comprehensive survey of needs, following the transfer of hospitals under the National Health Service Act. At any rate the range of social work in the mental health services which these authorities offer includes the following:—

(i) Initial care of persons suffering from mental illness, and their removal to hospital when necessary.

(ii) Mental welfare work in direct relation to the special problems of prevention, care and after-care of persons suffering from mental illness.

(iii) Ascertainment and, where necessary, removal to institutions and places of safety of mental defectives; supervision, provision of training for mental defectives in the community; and the finding of guardians and visiting of defectives placed under guardianship.

LOCAL EDUCATION AUTHORITIES

31. The mental health services undertaken by the local education authorities include:—

(i) Child guidance.

(ii) Ascertainment of educationally subnormal and maladjusted children.

(iii) Educational provision for educationally subnormal and for maladjusted children, including residential accommodation.

32. The Ministry of Education, in considering the effects of the National Health Service Act of 1946 upon the services for which they are responsible, issued a Circular (179) in August, 1948. In this circular they required local education authorities to provide Child Guidance Centres, at which a team consisting of psychiatrist, psychologist, specially trained social workers and, as a rule, a paediatrician, would deal with children presenting behaviour problems, whose needs could be met within the educational system. It is open to education authorities either to provide directly for the specialist services required at the centres or to arrange for these to be provided by the hospital and specialist services, if they are of the opinion that the work of the centres can be suitably organised on that basis. Whatever arrangements are made, it is clear that the evolution of child guidance centres implies a corresponding increase in the number of psychiatric social workers.

33. The problem of maladjusted children is closely linked with child guidance, but the educational provision for them involves in certain cases the establishment of residential homes and special schools. The Committee notes with satisfaction that the Minister of Education has appointed a committee to consider the special needs of maladjusted children.

34. The supervision of educationally subnormal children and educable epileptic children presents a number of complex problems, and social work in connection with their after-care and placement is of increasing importance. The mental welfare worker is an essential member of the educational team for the care of these handicapped children.

THE SOCIAL WORKERS IN MENTAL HEALTH

PSYCHIATRIC SOCIAL WORKERS

Employment

35. The services of the psychiatric social worker may be used under psychiatric direction mainly in the following ways:—

(*a*) In a mental hospital, a neurosis centre, a psychiatric department in a general hospital, or an out-patient clinic. Here she may be asked by the psychiatrist to obtain a social history on selected patients or to make other social investigations which may be necessary to establish diagnosis or to facilitate treatment. She is responsible for maintaining contact between the patient and the community, for allaying the anxieties of relatives, and for explaining procedures to them. It is also her task to help the relatives to prepare an environment in which the patient on returning home will have the best chance of establishing his recovery.

In many cases by arrangement with the local health authority she continues to visit patients after their discharge from hospital or else will co-operate with and advise the mental welfare officer of the local health authority who is undertaking after-care. In this way her work becomes integrated with the responsibilities of the local health authorities in relation to community care and after-care.

(*b*) As a member of a team in child guidance centres and clinics where she usually obtains a social history from the parents as part of the diagnostic procedure. As a rule she then continues to see the parents regularly in order to help them to understand the possible causes of the child's problems, the nature of the treatment given by the clinic, and the part which the inter-action between the child and his family may be playing in the causation and the treatment of these problems. She gives the parents support, especially during the early stages of treatment when changes are occurring in the child's behaviour and the parents might become discouraged or upset and terminate treatment. During this whole process she is working closely with the psychiatrist who is treating the child. It is also the responsibility of the psychiatric social worker to maintain contact with social agencies outside the clinic and to co-operate with teachers and others who are interested in the welfare of the child and the family.

(*c*) In a community preventive and after-care service for adults where she will be employed under the Medical Officer of Health in the Health Department of the local authority and in its Maternity and Child Welfare Service in association with its medical officers and health visitors.

(*d*) In work concerned with various types of residential institution such as mental deficiency institutions, boarding homes for maladjusted children, remand homes, etc., where there are some psychiatric social workers and where there is a demand for more.

Number

36. At the beginning of January, 1951, 523 psychiatric social workers had qualified by taking a mental health course; 464 of these are members of the Association of Psychiatric Social Workers; a few of the 59 non-members are working in this country as psychiatric social workers but the majority are either married and no longer in professional employment, or else engaged in work of a different kind. Of the 464 members 48 are working abroad; most of these were foreign students who came to this country for training and then went back to their own countries. Eighty of the remaining members are not employed in professional work, as the majority of them were married women with households to look after, and there are 5 whose occupations are unknown. This leaves us with 331 working in the British Isles, 239 of whom are employed in psychiatric social work at mental hospitals, general hospitals and in the child guidance service; 47 are engaged in non-clinical psychiatric social work such as teaching, Child Care Courses, research and the National Association for Mental Health; 25 in different kinds of social work such as Children's Officers, etc., and 8 are employed by local health authorities in their mental health services; leaving 12 who are doing other kinds of work.

Present Status

37. Psychiatric social workers have been carefully selected at the outset for the profession and usually have been trained in general social work before they complete the special mental health course. Their professional status therefore stands high and the evidence that we have received is overwhelming in its regard for the psychiatric social worker as a valuable worker in the mental

health services. There is no question about the quality of her training or the high value placed on her services as an adviser on a wide range of social problems in relation to mental health. The second point is that there is a striking shortage of psychiatric social workers. This has been brought to light in evidence again and again in the statement that advertisements issued by local authorities and other bodies more often than not bring no response. On the other hand it must be mentioned that the places in mental health courses have not always been filled, showing that the shortage is not invariably due to lack of training facilities. It seems reasonable to suppose that there is some other fault in the organisation and our evidence suggests that the status and salary offered to psychiatric social workers are not sufficiently attractive to encourage candidates for training. The following advertisement appeared recently in the public press:—

> " Appointment of three Female Mental Health Workers. Applications are invited from suitably experienced women for the above appointments to undertake various duties under the Mental Deficiency, Lunacy and Mental Treatment Acts. Preference will be given to duly qualified Psychiatric Social Workers or candidates with a Diploma or Certificate in Social Science, and if so qualified the salary will be £370–£20 p.a.–£530 p.a., commencing according to experience. For unqualified persons the salary would be £480–£15 p.a.–£525 p.a. A motor travelling allowance and subsistence are also payable."

This advertisement with its implied encouragement of low standards of work was made possible by the existence of two separate scales which, quite legally, penalised the properly qualified person for the first seven years of her professional career and ultimately proposed a reward of £5 for her many years' experience.

SOCIAL WORKERS (OTHER THAN PSYCHIATRIC SOCIAL WORKERS) IN THE MENTAL HEALTH SERVICES

Employment

38. The duties of these social workers in mental health are wide and varied, and difficult to describe briefly. The majority are employed by local health authorities; a limited but increasing number are now being employed at mental deficiency institutions, and there are some attached to mental hospitals. For those workers employed by local health authorities the duties may include the following:—

(*a*) *Mental Deficiency:* the ascertainment and supervision of defectives living in the community including those under statutory guardianship and on licence from institutions (if required to do so by the hospital management committee, which is frequently the case); investigation of home environment, history-taking and reporting; obtaining employment for defectives; selecting " foster-homes " and suitable guardians; the general administration of occupation centres and home teaching schemes; conveyance of defectives to and from institutions; presentation of petitions, and attendance at courts and committees.

(*b*) *Mental Illness:* working in co-operation with the psychiatric social workers and assisting in duties relating to care and after-care of patients suffering from mental illness.

(*c*) *The Taking of Initial Proceedings:* in providing care and treatment for persons suffering from mental illness, i.e., undertaking the statutory duties of a duly authorised officer.

Owing to the fact that the majority of the officers undertaking the duties referred to in (*c*) above were relieving officers prior to the appointed day, many of them are combining with these duties welfare work in connection with the aged, the homeless, the blind and other handicapped persons. Many others, however, are mental welfare workers in the fullest sense of the term and carry out some or all of the duties described in (*a*), (*b*) and (*c*). It is perhaps unfortunate that the title Duly Authorised Officer has come to be used so widely, since it suggests that these officers are a separate entity in the mental health services and are solely employed on work which in practice forms only a part of their day to day duties.

39. Whether the workers are described as *mental welfare workers* or *duly authorised officers*, they are members of the mental health team of the area they serve, and the closest liaison should be fostered between them and the psychiatric social workers.

Number of Mental Welfare Workers

40. We have no reliable information about the number of mental welfare workers employed by local health authorities. Figures supplied at the present time might well be misleading because there is no category accepted throughout the country. Some authorities, for example, employ their health visitors or members of the education staff in mental welfare work; and others utilise the services of social workers attached to the staff of the National Association for Mental Health or of hospital management committees.

41. At the end of 1949 the total number of social workers employed at mental hospitals and mental deficiency institutions was 169; this figure included 66 psychiatric social workers, all but one of whom were working in mental hospitals. Thus 60 per cent. of social workers in this important psychiatric field lacked the specialised training provided by the mental health course.

ANALYSIS OF MENTAL HEALTH SOCIAL WORK

42. One of the difficulties with which we were faced in our enquiry was in attempting to define with any show of accuracy the nature and scope of the various jobs undertaken in mental health. We were, of course, able to obtain a clear picture of the work on which psychiatric social workers are engaged and also of the employment of mental welfare workers who had been trained under the arrangements made by the National Association for Mental Health; but we were not able to go much farther along the byways of mental health work under local authorities. In some areas a good deal of routine work in connection with mental deficiency is undertaken by health visitors; in others, special officers, some with administrative training and others without any training at all, undertake mental deficiency work, even to the extent of visiting the homes; but we have not been able for one reason or another to make a job analysis of mental welfare work, either to see how the area as a whole was covered or to find out whether the best use was being made of the skilled service of trained officers. We were gratified to learn from the Nuffield Trust that they were willing to help us with an analysis of the work undertaken by psychiatric social workers and other social workers in the mental health services. It was clear, however, that an investigation of this kind would require careful preparation of the ground and would in any case not be completed within about three years. For that reason we decided to postpone the enquiry in co-operation with the Nuffield Trust until all parties had had an opportunity of considering the reports of various committees on the social services which are now in the course of preparation.

SECTION III: SUPPLY AND DEMAND

PSYCHIATRIC SOCIAL WORKERS

AN ESTIMATE OF REQUIREMENTS

43. It is evident from the information we have received that employing authorities are in need of psychiatric social workers and that the supply does not meet the demands of the expanding health and education services and of the other statutory and voluntary social services. When a situation like this lasts for a considerable time the demand, so to speak, goes into hiding. The reason for this is that authorities will not continue indefinitely to issue advertisements when they know that no answer will be forthcoming; they therefore begin to advertise for such types of workers as they know to be available, or alternatively they employ their existing staff on duties for which they have not been trained. Their action cannot be criticised on that account; nevertheless it forms part of a vicious circle because as the apparent demand falls and well paid positions are given to less trained workers, the professional prospects of those who would normally take the mental health course deteriorate. We thus reach the paradoxical situation which obtains to-day in which there is a very large, but now partly latent, demand for psychiatric social workers and at the same time a decreasing supply because there is not sufficient incentive, professional or financial, for men and women of ability to take this difficult training.

44. One of the simplest classifications of the need for psychiatric social workers was prepared by Dr. C. P. Blacker.* In his book, " Neurosis and the Mental Health Services ", he estimated that there would be a post-war need for 870—based on a survey made in 1943. His figures are distributed as follows:—

(*a*) Mental Hospitals and large Certified Mental Deficiency Institutions (regional hospital boards)	120
(*b*) Central psychiatric clinics (regional hospital boards) ...	150
(*c*) Medical Officers of Mental Health (i.e., local health authorities)	100
(*d*) Child Guidance Centres (i.e., local education authorities)...	500
Total	870

Dr. Blacker regarded this as a minimum figure, based on the rough estimates at his disposal, and he anticipated that employment could readily be found for 1,000 psychiatric social workers. Let us now take these figures under their headings.

(*a*) *Mental Hospitals and Large Mental Deficiency Institutions*

45. In England and Wales there are 201 hospitals designated by the Minister of Health as mental hospitals. This total is made up of the following institutions (using for convenience their *former* titles):—

> 102 public mental hospitals and 6 registered hospitals, all of which provide accommodation solely for persons suffering from mental illness; and 93 public health hospitals and public assistance institutions where part of the accommodation is allocated to mental, and part to general, patients. The number of beds in the former ranges from 245 to over 3,000 and in the latter from less than 10 to more than 1,000. The majority of the public mental hospitals conduct out-patient clinics, many of them having more than one associated clinic.

* C. P. Blacker, Neurosis and the Mental Health Services, 1946, p. 94. Humphrey Milford, Oxford University Press.

At the end of 1949 there were 65 psychiatric social workers on the staffs of mental hospitals, but their distribution was uneven—ten of the group employing 31 workers among them. It is hardly possible to present a fair figure of the ratio between psychiatric social workers and the number of beds. The total bed accommodation at the end of 1949 (latest figure available) in former public mental hospitals and registered hospitals on a standard (uncrowded) calculation was 125,516. A rough figure for beds in use at the former public assistance institutions and public health hospitals was 8,000. The ratio of psychiatric social workers to beds in mental hospitals was therefore about 1 to 2,050, which Dr. Blacker's estimate of needs, if adopted, would bring down to 1 to 1,000. But the hospitals are in fact overcrowded, and in addition the occupation of the beds varies enormously—some being taken up by venerable burdens, others by gentle patients who would thrive better in more homelike surroundings, and others again by mental defectives.

46. In addition, a large number of hospitals, both general and special, receive patients for the treatment of mental illness—especially the psychoneuroses—outside the provisions of the Lunacy and Mental Treatment Acts, 1890–1930. These include, for example, Belmont (Sutton), Cassel, Hill End (St. Albans), Lady Chichester (Hove) and St. Luke's (Woodside). We estimate that the total number of beds of this kind is about 1,500. Apart from these hospitals, the total number of in-patients in mental hospitals (on 1st January, 1950) suffering from mental illness was approximately 142,000.

47. The number of institutions for mental defectives occupied by 300 patients or more is 45. Only two of these institutions now employ a psychiatric social worker. The total number of beds set aside for mental defectives, so far as we can ascertain, is about 47,000.

(*b*) *Psychiatric Clinics*

48. Under this heading the clinics attached to mental hospitals are presumably excluded. It must also be borne in mind that a number of central clinics at general hospitals are served by the staff of an associated mental hospital. In his neurosis survey, Blacker (p. 92) gave a conservative estimate of eight clinics for every million of the population. He pointed out, however, that the existing clinics are ill-distributed and forecast the need for a total figure of 320. If we accept his view that 120 to 160 of these clinics will be central—that is, offering a full range of services—each of these will require the services of not less than two psychiatric social workers. Under our first two headings, therefore—mental hospitals, and psychiatric clinics at mental and general hospitals—we might fairly estimate a need for about 450 psychiatric social workers (apart from mental welfare workers to whom we shall make reference later).

(*c*) *Local Health Authorities*

49. It has been suggested in some quarters that for the care and after-care of persons suffering from mental illness there should be one or two psychiatric social workers per hundred thousand of the population. This figure does not mean very much, and we know no method of arriving at a sound general estimate. The principal functions of psychiatric social workers would be supervisory and consultant, for the bulk of the work outside the hospital and clinic services would be undertaken, as at present, by mental welfare workers (see paras. 38–41). We feel, however, that Blacker's estimate of 100 is too low, in view of the increasing functions of local health authorities in mental welfare and of the need for supervision of in-service training. We therefore suggest an estimate of 200, by the time that our schemes of training are in full operation.

(d) Child Guidance

50. We regard child guidance as one of the essential functions of the psychiatric social worker. As a member of the child guidance team she has no substitute, and a complete mental health course is the only true foundation for this work. To the child guidance centres established by local education authorities we estimate that an increasing number of children under school age will be referred. In our view Blacker's suggestion of 500 psychiatric social workers for this service is conservative.

51. Taking these four divisions together we should judge that more than 1,500 psychiatric social workers, calculated on a whole time basis, will be required (apart from mental welfare workers) to maintain an efficient service.

52. We were informed, for example, by the Welsh Regional Hospital Board (in December 1948) that the serious shortage of psychiatric social workers in that region was impeding the full development of the mental health services. The Board stated that there were only two psychiatric social workers practising in the Principality and that as many as thirty-six of these qualified workers would be required in the near future for hospital and child guidance services. It was difficult for the regional hospital board to assess the ultimate need but they considered that a total of 136 psychiatric social workers would be required for a full development of the mental health services in the region. We have received comments to the same effect by other regional hospital authorities but without any detailed estimate of requirements.

53. Another service which is being hampered by the shortage of psychiatric social workers is the resettlement of men and women suffering from psychiatric disabilities. The responsibility for this service rests with the Ministry of Labour and National Service under the Disabled Persons (Employment) Act of 1944. The number of disabled persons registered under the Act in July 1950 was about 930,000 and fifty thousand of these were recorded as suffering from psychiatric troubles. The real total of the latter is probably considerably above fifty thousand because in many instances a physical disability associated with a psychiatric disorder would be recorded in the former group although in fact the latter might be the greater handicap to successful re-employment; and there may be many persons with psychiatric disabilities who have not registered as disabled persons at all. The resettlement of the psychiatric group has presented some of the most difficult problems that the Ministry of Labour have had to face in this field. Since the National Health Service came into being they have been developing their arrangements with regional hospital boards and local health authorities, but one of their greatest difficulties, which hampers their efforts in many directions, is the shortage of psychiatric social workers.

ESTIMATED SUPPLY

54. The existing training arrangements do not produce nearly enough qualified workers. The maximum number of students who can at present be admitted annually to each of the three universities undertaking a mental health course and the potential of expansion are as follows:

	Number of places available at present and in the immediate future	*Number of places which might ultimately be provided when additional practical work facilities and teachers are available*
London School of Economics and Political Science (University of London) ...	40–45	40–45
University of Manchester ...	12	20
University of Edinburgh ...	12	20–24

(It is understood that the London School of Economics would not wish to enlarge their mental health course beyond 40–45 students).

55. On the basis of existing training facilities only 65–70 psychiatric social workers can be added annually to the limited number employed at present. These increments can never satisfy even the minimum requirements estimated by Blacker at about a thousand psychiatric social workers, since the great majority of them are women—and their numbers are subject to a considerable annual loss through marriage, care of elderly relatives, and other causes of a similar kind. It is true that a number of psychiatric social workers remain in employment after marriage, but the loss is still considerable.

RECRUITMENT

56. It is clear that the present training facilities will not bridge the gap, so the possibility of increasing the number of candidates together with enlarged facilities has to be considered.

57. In Great Britain at the end of 1949 there were 3,310,000 women in the age-group 15–24. It has been estimated that by the end of 1954 these numbers will have fallen to 3,161,000 and that they will decrease further till 1956. Indeed, they will not again reach their present level until about 1961.

58. Recent evidence shows that until there is an increase in the total number of young women available the demands of the professions mainly recruited from women will not easily be met from traditional sources. It is estimated that the number of secondary grammar school girls becoming available for further education or employment in the years 1950–54 will be a little over 300,000. Within the same period there will be big demands from the two largest women's professions—nursing and teaching. In the nursing and midwifery professions requirements are likely to be in the neighbourhood of 75,000 and requirements for training as teachers something approaching 65,000.

59. If met from among secondary grammar school girls, who represent the main source of supply, these demands would account for over 40 per cent. of the total supply. In 1949 no more than 25 per cent. of girls leaving secondary grammar schools in England and Wales went on to further full time education in universities and other institutions. Unless this proportion is very much greater in the next few years the girls who receive higher education will be able to choose from a wide range of opportunities in the professions including, besides teaching, social work, catering management, the civil service, medicine, architecture, housing management, librarianship, the sciences and the arts. Any estimate of the supply of suitable young women must take account of the numbers who marry and either do not enter paid employment or leave it after a short while. Further, it would be neither realistic nor in the national interest to attempt to deny the entire commercial and business world its share of young women with higher education.

60. Within the sphere of social work itself there are a number of other occupations, including personnel management, probation work, medical social work, and child care, which compete directly with social work in the mental health services, and here demands are likely to remain at a high level. It is evident that any effort to attract to the mental health services a greater number of young women from the dwindling 15–24 age-group would be made against considerable odds, even if the profession were wholly attractive to, or suitable for, girls of this age-group.

61. Training for psychiatric social work or indeed for any social work in mental health is not strikingly popular with students in social science departments. The replies from social science departments varied on this point, but not a few indicated that mental health work is less attractive to students than other forms of social work. The difficulties in the way are thus by no means entirely financial.

62. The selection procedure is strict for entrants to the mental health courses and the full qualification usually involves not less than a two years' social science course followed by a period of practice, followed in its turn by a year of academic and practical training in the special subject of psychiatric social work. The length of the training is in itself sufficient to make some students pause. Moreover, the break in the training to enable students with insufficient experience in the field to gain this after they have undertaken the basic social science course is apt to prove a deterrent to further qualification, if only on financial grounds. It is notorious in certain other professions that the basic qualification is often accepted as sufficient training by many intelligent and promising students simply because they have not the heart to go back to academic discipline after they have been engaged in practical work in which they have considerable responsibility.

63. There is not only a widespread shortage of psychiatric social workers but also an extremely erratic distribution of those employed. In 1949 there were 43 psychiatric social workers in the north of England as against 231 in the south, 39 in the Midlands and East Anglia and 5 in Wales. This is a serious problem, as yet unsolved, and we are again indebted to Miss Younghusband for the following extract about the geographical distribution of professional social workers (from her Supplementary Report on the Employment and Training of Social Workers which she is preparing for the Carnegie United Kingdom Trust):—

> " The fact that social workers (and others) show a preference for working in towns rather than in rural areas, and in London and the south rather than in the Midlands and the north is a matter both of common knowledge and of adverse comment. This immobility from choice is greatly enhanced at the present time by the involuntary immobility created by the housing shortage. It is indeed almost impossible for a married man with a family to accept a post in another district unless he can be offered a house or a flat. Cases have occurred in which men social workers have taken appointments in new districts, gone into lodgings in the hope of finding somewhere to live, but in the meantime paying both for the lodgings and for their family elsewhere and in the end have had to resign because the double expense became too heavy and they were unable to find any accommodation for themselves and their families.
>
> Some training bodies, notably the Home Office for probation and child care candidates, try to counter this pull of the south by asking those who accept training grants whether they will work in any part of England or Wales. The housing situation and genuine commitments which some candidates may have to look after elderly or delicate relatives makes it difficult to enforce this requirement. It seems, however, to be a natural consequence of receiving public money to train that those who successfully complete the courses should go where workers are most urgently wanted. Indeed, those who demand that the State should pay for training seem logically forced to admit that persons so trained should be in some measure at the disposal of the State as an employing body. There are signs that the bitter taste of this powder is beginning to penetrate through the jam . . .
>
> There is not this same immobility during training. Although a certain number of students are reluctant to train unless they can live at home while they do so, numbers of students from the north and from Scotland and Wales will be found in social science departments in London and the south, while at the same time many southern students go to the north and to Scotland for their training. When, however, it comes to employment this mobility ceases, either for objective reasons like the housing shortage or for subjective reasons, of which the tremendous ' pull ' of London is the chief.
>
> This very unequal scatter of trained social workers means that there are whole districts, particularly in Wales, without perhaps a single trained worker and therefore with very inadequate ideas about the functions and capacities of social workers. It also means that employing bodies in some parts of the country may advertise repeatedly for a qualified worker without getting a single reply. It is hardly fair in such circumstances to insist that authorities ' ought ' to employ trained social workers when in fact no one is prepared to go and work in that part of the world."

CASE LOADS

64. The activities of a psychiatric social worker in a mental hospital or clinic obviously depend on the number of patients received for treatment. If, therefore, we examine the patient population of the former public mental

hospitals we find that nearly 70 per cent. of them have beds for more than 1,000 patients; some have over 2,000 in residence, and one has over 3,000. The average number of direct admissions (i.e., excluding patients transferred or regraded) to these hospitals during 1948 was 460, and the average number discharged, 350. At sixteen of these hospitals the admission rate ranged from 600–700; nine others exceeded those figures, two having rates of 1,040 and 1,290. Approximately 30 per cent. of these direct admissions would previously have been dealt with under the Lunacy and Mental Treatment Acts. Complete figures of direct admissions during 1949 are not available, but for 62 hospitals the rate was 550. Blacker, in his Neurosis Survey (page 92), indicated that an annual case load of 150 admissions and 100 discharges would be heavy for a psychiatric social worker employed in a mental hospital. If we accept this, two things are immediately apparent from the foregoing figures: first, that in some hospitals which have only one psychiatric social worker on the staff the case load of the worker is excessive; and, secondly, that an estimated need of one psychiatric social worker for each mental hospital would be short of the mark.

65. One of our members has undertaken an investigation into the annual case load of a small group of psychiatric social workers employed in fairly typical mental hospitals and child guidance clinics. It was impossible from the figures supplied to get anything more than a general picture because of the difficulty of estimating the amount of time devoted by the workers to travelling, general administrative duties, out-patient clinic work and on the mental hospital side to obtaining knowledge of the patients by making contacts in the ward. All these factors varied considerably from job to job:—

(*a*) *Child Guidance:* There was a certain measure of agreement about the total number of cases of any kind dealt with by the worker during a year. The figures supplied varied between 120 and 220, and in those clinics where the number was nearer 220 there was a high proportion of cases referred for diagnosis only, thus involving the social worker in only one or two interviews. In those clinics mainly concerned with treatment the psychiatric social worker saw between 120 and 150 new cases per year and many of these would be seen regularly for months.

(*b*) *Mental Hospitals:* In this sphere it was more difficult to obtain any reliable indication of an average annual turnover because most of the psychiatric social workers who were approached were attempting to deal in some way or other with whatever cases were referred to them no matter how many. Here also there is much more variation in the time spent on travelling and duties other than case work. The figures supplied as to the total number of cases on which some work had been done during a year ranged from 100 to 450 and this excluded all out-patient cases and most of the workers were attending at least two out-patient clinics per week in addition to their mental hospital duties. One could also see that the number of cases for which the worker had done fairly extensive social work was higher in those hospitals with a lower admission rate and a lower annual turnover for the social worker. There did, however, seem to be one figure about which there was more agreement than any of the others. A number of workers claimed that they were now trying to cope with an annual number of 250 cases excluding out-patient clinic cases. It is interesting to notice that this figure of 250 agrees closely with the average annual turnover of 260 in community care work reported by another of our members after a study of the Ex-Services' After-Care Scheme operated by the National Association for Mental Health. This scheme provided community care, including after-care, for all types of psychiatric

patient. In its first four years it accepted 14,500 patients and at the time of study had a total case load of 6,639 patients all over the country, 15 psychiatric social workers, 37 assistants, and 20 regional offices: 57 per cent. of its patients had come from civilian sources and agencies. Its work can be taken as a fair guide to the likely experience of a local authority undertaking comprehensive community care, except that the organisation of the national scheme was necessarily less compact. To balance this dispersal, however, there was an exceptionally good provision of means of transport and secretarial help for the workers. Each social worker in a well-populated district gave on the average about 80 items of service per month (visit, interview or protracted negotiation) and took about 260 cases in a year, including closure of cases. A maximum desirable current active case load was considered to be 80 per worker. In sparsely populated districts with much travel all these figures suffered reduction by as much as half according to the distances involved.

66. A variety of figures have also been presented to us in relation to the case loads of persons engaged in other types of social work. We have examined these figures closely with a view to suggesting an active case load for social workers in the mental health services but we feel that the variations are so great as to make comparisons unsatisfactory and we are therefore reluctant to draw any definite conclusions from them.

OTHER SOCIAL WORKERS IN THE MENTAL HEALTH SERVICES

ESTIMATED DEMAND

67. It is common knowledge that the supply of mental welfare workers, particularly of trained workers, is in many areas inadequate to meet existing demands and it seems that the tendency will be for the gap to widen, unless recruitment can be stimulated. One result of this is that some employing authorities, as we have indicated, advertise for unqualified workers at a salary which is more favourable at the minimum of the scale than for the qualified psychiatric social worker.

68. The duties of local health authorities with regard to the ascertainment, supervision, etc., of mental defectives in the community are already considerable, and the National Health Service Act attached a new importance to the responsibilities of these authorities in providing care and after-care for persons suffering from mental illness and from mental defectiveness. The scope of this work has not been rigidly defined and this adds to, rather than detracts from, its potentialities. But the fact that the work overlaps that performed through the hospitals and clinics makes it difficult to assess the provision to be made by local health authorities.

69. The number of workers employed and their training and experience vary considerably from one authority to another. One large authority anticipates an eventual need, apart from psychiatric social workers, of two mental welfare workers per 100,000 of the population, while the approved proposals of another authority with a population of 121,000 provide for the appointment of three mental welfare workers. If the former estimate is taken to include duly authorised officers—a reasonable assumption, since all workers in the authority's mental health services are so authorised—we believe that for a growing and important service of this kind this may be an underestimate. Several authorities believe a figure of one mental welfare worker per 100,000 of the population to be the correct establishment for mental deficiency work alone; and it may be argued that for the performance of all mental welfare work in an area there

should be two workers per 100,000 of the population, and more where the statutory functions of the duly authorised officer are combined with the workers' other mental health duties. Leaving aside those whose work in mental welfare is purely administrative and teachers in occupation centres, it is not difficult to forecast an ultimate demand for two thousand mental welfare workers, engaged in community care under the local health authority.

RECRUITMENT POSITION

70. We regard the increased recruitment of men into the mental welfare services as one of the means of meeting the extreme shortage of workers, partly because their wastage rate is lower than that of women, and partly because of the shortage of suitable women for training. There has perhaps been a natural tendency for employing authorities to think only of women as social workers, and some doctors prefer to work with a woman, believing that the male social worker is greatly handicapped by his sex. When the National Health Service Act came into operation a large number of former relieving officers, the vast majority of whom were men, were recruited by local health authorities to the mental health service, as they were the only persons who had any experience of the onerous statutory duties falling to the lot of the duly authorised officer in connection with the removal to appropriate care of persons suffering from mental illness. The advent of the duly authorised officer and of the policy adopted by so many local health authorities of combining his statutory duties under the Lunacy and Mental Treatment Acts with other mental health duties and, conversely, the appointment of many mental welfare workers, including a number of women, to undertake the statutory functions of duly authorised officers, has brought about a significant change of outlook in regard to the employment of men as members of teams of social workers. It has been argued that the association of the social worker with the duty of securing the compulsory removal of the mentally sick may undermine the confidence and trust which the patient and his family should repose in a worker who is so vitally and intimately concerned with treatment. There is some ground for this point of view, but experienced duly authorised officers and former relieving officers and, in another field, probation officers have successfully demonstrated over the years that it is possible to be associated with work which may deprive a person of his liberty and yet retain the confidence of that person and his family. Furthermore, it is good that the duly authorised officer should have his interest in his work stimulated and the strain and stress associated with his statutory duties reduced by undertaking more positive functions in mental welfare work.

WORKERS WITH A QUALIFICATION IN SOCIAL SCIENCE OR ITS EQUIVALENT, BUT WITHOUT TRAINING IN MENTAL WELFARE

71. Professional bodies believe that a basic education in social science at a university level, together with practical training in case work, should be the recognised qualification for social workers, and the foundation for social work in mental health. The existing social science certificate does not meet these basic requirements either in the content of the course or in the practical work associated with it. It is not designed for that purpose. It is enough to mention that, apart from psychiatric social workers, the number of persons possessing a university qualification in social science who have entered the mental welfare services during the past five years is of little account. The outlook in this respect is not encouraging. Our evidence suggests that, while students in social science courses show interest in psychiatric social work, their attitude towards mental deficiency work as such is negative, and there is a tendency to look upon it as lacking in scope and interest. The remedy for this is to enlarge the scope of mental welfare work—as in fact many local health authorities are doing to-day.

HEALTH VISITORS

72. Health visitors on the staffs of local health authorities are sometimes employed in mental welfare work, e.g., in undertaking routine visiting and supervision of mental defectives. In the better organised schemes they are able to look to a trained mental welfare worker for advice in cases of difficulty. Indeed, by common consent, the health visitors recognise the need for a specially trained adviser, but it is the policy of the Women Public Health Officers' Association that the health visitor should be the normal, recognised day-by-day visitor to the homes of the people. She should be, as it were, the general practitioner of home visiting, and her basic training should be that of a nurse. It was stated in evidence that the special health visitors' course, approved by the Ministry of Health, would enable her to be aware of the services available to her, and to call for assistance in medical or social work as circumstances required. Her training has recently been revised and now includes elementary instruction in mental welfare and in other aspects of general social work. The Association felt that the health visitor's training as a nurse was of fundamental importance, and that in virtue of her nursing knowledge she would gain ready access to the homes of the people.

PLACING OF SOCIAL WORKERS IN THE MENTAL HEALTH SERVICES

73. For some time to come there will be vacancies for every worker who completes a mental health course. Whether she gets the most suitable job, however, and whether the employing authority gets the right candidate must depend on the use of a " clearing house " of some kind. The Association of Psychiatric Social Workers circulates lists of vacancies to its qualified members. In addition, the Appointments Service of the Ministry of Labour and National Service provides a clearing agency for the benefit both of employers and of men and women seeking employment in the professions—and it costs nothing to either. The use of this Appointments Service could well be developed in the interests of all types of social worker in the mental health services.

SECTION IV: TRAINING

MENTAL HEALTH COURSES FOR PSYCHIATRIC SOCIAL WORK

74. The Feversham Committee* (reporting in 1939) laid stress on the need for wider recognition of the special training required for the psychiatric social worker, because in their view " skilled social work is a central feature of the well-organised mental health scheme of the future ".

75. Training for psychiatric social work is provided by specialised courses at universities. At the London School of Economics and Political Science (University of London) this course is known as the " mental health course " and for sake of convenience we have used this description throughout our report. A typical syllabus of a mental health course for psychiatric social work is shown in Appendix I.

76. Candidates are admitted to a mental health course only on the recommendation of a selection committee; high standards are set, careful attention being paid to personal suitability, as well as to academic qualifications and practical experience. Students must be at least twenty-two years of age. The age range that has been found most suitable for training is twenty-five to thirty, though many candidates both above and below this span do very well. The normal qualifications for acceptance are either a certificate or a diploma in social science, or a university degree in relevant subjects, together with experience of practical social work under supervision. Exceptionally, students without these educational qualifications are admitted to a mental health course if they are sufficiently mature and appear to have the necessary intellectual ability and experience to benefit from the course.

77. The mental health course is full time, occupying one year. Theoretical and practical work are taken concurrently. The former consists of lectures, seminars and discussions on psychology, psychiatry, child development, mental deficiency, physiology, psychiatric social work, law and administration, and criminology. The practical work, which includes experience of case work with both children and adults, is undertaken at hospitals for nervous and mental disorders, out-patient and child guidance clinics. Teaching and supervision are provided by experienced psychiatrists and psychiatric social workers. The latter are employed as full time tutors in the universities, and as part time tutors in practical training, each one being responsible for a small group of students. Practical training is an essential part of the course, and no student receives a " mental health certificate " unless she has attained satisfactory standards in her practical work, and satisfied the examiners in this respect, as well as passing the theoretical examination.

78. The mental health course is designed to provide trained social workers with additional knowledge and skill to enable them to understand the problems of children and adults suffering from mental illness or disturbance, and to take their part in the treatment prescribed. Candidates who take this qualification acquire special experience in child guidance, in the care of patients suffering from psychoneurosis and psychosis and in the study of the social difficulties of the patient, especially those affecting family relationships.

79. The acquisition of this kind of skill is clearly not only a question of gaining knowledge but of developing an art which can only be learned through experience under skilled supervision. This experience must be of sufficient length and continuity to enable the student to appreciate the outcome of

* *The Voluntary Mental Health Services*, 1939 (para. 288).

diagnosis and treatment and to come to terms herself with new and often difficult responsibilities. It is for these reasons that stress has been laid upon the selection of students by means of individual interviews. Training in social work followed by a period of employment is essential, not only as a basis for the mental health course but also as a test of personal suitability.

THE UNTRAINED OR PARTIALLY TRAINED WORKERS IN THE MENTAL HEALTH SERVICES

80. By far the greater number of these workers are engaged in the mental welfare services of local health authorities, but some are employed in mental hospitals and mental deficiency institutions. Those working in the service of the local health authority comprise the mental welfare worker and the duly authorised officer whose duties are referred to in paragraph 38 of this report, and to a limited extent, the health visitor, who is mentioned in paragraph 72. Initially, many of the duly authorised officers and mental welfare workers obtained some experience in the social welfare or mental health departments of the local authority. Many of these transferred officers are men of maturity, often with family responsibilities, but apart from their unrivalled experience in the taking of the initial statutory proceedings in providing care and treatment for persons suffering from mental illness they have had no training as social workers in mental health. Few have academic qualifications such as a social science certificate and apart from this academic gap they have had no formal training in psychiatry and psychology, nor in the preparation of case histories for psychiatric purposes. Most of them have well over twenty years' service to look forward to and, since many of them are now " all purpose " mental welfare workers, the desirability and advantage of providing them with a recognised standard of training in mental health work is obvious.

81. There is no standardised course of training for work with mental defectives although many mental welfare workers have acquired a high degree of efficiency in this work through their practical experience over a period of many years. In the past it has in fact been these experienced workers who have done so much to train new entrants on the job.

82. The following is an outline of two introductory courses established within recent years by the National Association for Mental Health. At the request of the Board of Control, this Association organised regionally in 1943 a scheme for the after-care of ex-service psychiatric casualties, both men and women. In response to requests received from organisations and individuals, this scheme was extended in April, 1946, to civilians, and up to the end of 1948 some 18,000 cases were dealt with in England and Wales. The workers were carefully selected and carried out their duties under the supervision of the Association's experienced psychiatric social workers. They were given a course of six months' orientation and subsequently remained under supervision. The work records of the applicants were studied and their capabilities and qualities assessed at a personal interview. About half of those appointed held a social science certificate with relevant experience; others had had many years' experience in mental health or social work to compensate for the lack of academic qualifications. Later, owing to the shortage of workers, it became necessary to accept a proportion of young social workers with only a year at most of post-certificate experience: they proved valuable members of the team within the limitations of their experience. A period of six months of closely supervised work was considered to be the absolute minimum for the course, with the rider that the social workers should continue to act under the supervision of the psychiatric social worker for at least another year. During the period of the course the workers were paid a salary commensurate with their

experience but never more than that of the psychiatric social worker. The course carried no formal qualification in the way of diploma or certificate. In Appendix II will be found a table giving the number, ages and qualifications of applicants for community mental health work appointed by the Association between 1945 and 1948, indicating what happened to them subsequently.

83. On the inception of the National Health Service, the National Association for Mental Health, to meet the urgent need of the " all purpose " duly authorised officers and other local authority officers transferred to mental welfare duties, established short full time courses, in conjunction with the extra-mural departments of certain universities, designed to give the officers some insight into the planning of the mental health services and their development in relation to the social aspects of the medical services. They included a study of mental deficiency in its legal and social aspects, and an outline study of mental illness and neurosis with the function of the social worker in relation to prevention and rehabilitation. Lectures and discussions were included, with some visits of observation to various types of institution dealing with the mentally handicapped. Case work experience could not be given in so brief a course but the lectures and case discussions were designed to convey the right approach to case work.

84. Various short term courses on mental health for social workers have been arranged by local health authorities, and some branches of the National Association of Authorised Officers have arranged lectures and discussions.

UNIVERSITY SOCIAL SCIENCE COURSES AS A BASIS FOR APPOINTMENTS IN MENTAL WELFARE

85. Nineteen University Social Science Departments in England and Wales offer training in social science. These courses cover a wide range of academic and practical study and they lay the foundations for a variety of careers.

SELECTION OF CANDIDATES FOR BASIC COURSES IN SOCIAL SCIENCE

86. Basic social science courses consist of degrees, diplomas and certificates. There is no general agreement amongst the universities as to whether or not these are vocational or designed to provide a general education in the social sciences. This difference of aim is reflected in selection methods. Some avowedly select partly on the basis of personal suitability for social work, others are concerned only with capacity to profit from a university course. So far as degree courses are concerned, matriculation is an essential for acceptance; this may be waived for otherwise suitable older candidates applying to take certificate or diploma courses.

87. In the post-war years there were more candidates than places available. This situation is now changing. Some departments do not fill the available places unless sufficient suitable candidates offer themselves, but this is not the universal practice.

88. The actual selection methods differ. Most departments use a general university application form; all require a personal interview though some are prepared to waive this in certain circumstances. The interview itself may be with one person, or two interviewing separately or a selection committee. One or two departments use rating sheets for assessing the candidate and a few give intelligence tests.

89. Practical work forms part of most social science courses and the departments reserve the right to withhold the final award if the student's performance is unsatisfactory. In practice this rarely happens. This is partly due to problems of accurate assessment and is also related to the universities' contention that they are not training for social work.

90. It is clear that the social science departments neither universally claim to have selected entrants to the courses on the grounds of their suitability for social work nor to have given a vocational training; in these circumstances the onus both of selection and of training in social work rests with those organisations to which the students go for professional training.

BASIC COURSES

91. Social Science courses are usually regarded as basic training for social work though they do not aim to give a complete professional training. Rather do they seek to provide a good grounding in the social science subjects to be followed by additional training or guided experience provided by professional or employing bodies. The most usual subjects in these courses are central and local government, social administration and the social services, economic and social history, psychology, social and political theory, social philosophy and statistics. An increasing number of departments also include one or more lecture courses on the theory and practice of social work in their curricula.

92. The diploma or certificate courses usually cover two years (one year for graduates who have covered part of the ground already). There has also been a steady increase in recent years of three-year degree courses in social studies. Practical work forms part of the syllabus of certificate and diploma and a number of degree courses. This may be either concurrent with theory or form a " block " period in the vacations, and may occupy up to six months of full-time experience in different agencies, both statutory and voluntary.

93. Most of the larger departments have appointed one or more tutors in practical work whose function is to make arrangements with the agencies and to hold discussions with students. There is a shortage of suitable vacancies in practical training agencies and this and other considerations have made it difficult for the universities to enforce standards of training and supervision. Many agencies make very great efforts in this direction but there are wide variations in standards.

94. Efforts have been made in recent years to link theory and practice more closely together, though much remains to be done in this respect. It is commonly agreed that two years is in any event an insufficient time in which to cover the general subjects at a satisfactory standard and also to correlate them effectively with direct observation in the field.

95. After completing a social science course the great majority of students go on to a professional training as almoners, boarding out officers, personnel officers, probation officers, youth leaders and so forth. That is to say, they enter upon a variety of specialized trainings issuing in specialized qualifications and run in watertight compartments, though much of the ground to be covered is of common concern. Moreover, if they wish later in their career to change from one type of professional social work to another they will find themselves hindered by the lack of the appropriate specialized training and may be forced to take a further training covering some ground already familiar to them.

96. Most of the professional training bodies complain that students from social science departments have an insufficient or inappropriate grounding in psychology so that they are unable to relate their knowledge of psychology to living human relationships. The professional courses are thus forced to cover ground which should have been traversed already. Some professional trainings, it has been said, savour too much of apprenticeship and too little attempt is made to give the combination of theory and practice in teaching which is a marked feature of the mental health courses.

97. There is now widespread agreement that specialization has gone too far. The social science courses give an excellent preparation for the consideration of a variety of social issues but they need to be extended by the direct application of the main subjects to the actual practice of social work. If there were in existence a good general course of training for social work, related to social science courses and combining theory and practice in one educational process, a number of results would follow which are germane to our deliberations. A better standard of case work and more understanding of psychological difficulties in their early stages would to that extent lessen the need for the more highly skilled services of the psychiatric social worker. A general training would also serve to break down the present extreme specialization and the multiplication of courses and this could be expected to have a beneficial effect on the recruitment of trained workers into the mental health services by making it easier to pass from one type of employment to another within the common field of social case work.

98. We have thus felt it right to call attention to the unsatisfactory state of trainings for social work following social science courses as we feel that this has important repercussions on our particular enquiry. Later on in this report (paras. 110, 125 and 147 and page 47) we shall have specific recommendations to make both as to full time courses and in-service training.

99. A number of universities offer evening and part time courses of lectures in social science subjects and some offer a diploma or certificate for an approved course of study—but this cannot be regarded as a full training for social work.

100. The course for the External Diploma in Social Studies offered by the University of London is, however, in a different category, since it includes a period of full time practical work. When this diploma was instituted in 1946, the University's intention was to provide a means whereby the more mature student might obtain an academic qualification for professional social work largely by part time study. A period of six months' full time practical work was included in the course for Part II of the diploma, but this requirement is the cause of financial embarrassment to many students as it usually means giving up a job. All prospective students are interviewed personally.

101. The Department of Extra-Mural Studies of the University of London also administers a scheme of study for diplomas in the humanities designed to encourage students engaged during the day in earning their living to undertake continuous, systematic study. As a rule, the course of study extends over four years and involves regular attendance at evening lectures. Within this scheme the Diploma in Social Theory and Structure which provides sessional courses in social structure, social conditions in England, social psychology and philosophy and a fourth year of advanced study in some branch of social science, is the one usually taken by students interested in the social services. This course, however, does not include any practical work.

SHORT OR OTHERWISE LIMITED COURSES OF TRAINING FOR SOCIAL WORK AND THEIR APPLICATION TO THE MENTAL HEALTH SERVICES

102. There are to-day a considerable number of short courses in one branch or another of social work. These courses have as a rule been devised for some ad hoc purpose and are of no special value to the prospective mental health worker. At most, they help the trainee to understand that mental health problems have to be reckoned with, and that social workers with experience in mental welfare can be called in to advise or take action.

SELECTION OF CANDIDATES FOR MENTAL HEALTH COURSES

103. In his neurosis survey (page 95) Blacker emphasized that the careful selection and training which had been established for psychiatric social workers were necessary to maintain a high standard of work. The selection procedure is strict for entrants to the mental health course, since the nature of the work they will be required to undertake makes it necessary to pay careful attention to personal suitability.

104. At the London School of Economics candidates with qualifications suitable for acceptance are interviewed by a member of the teaching staff and by a psychiatric social worker at one of the training centres. The candidate may also be referred to a psychiatrist. A short list of the candidates is then considered by a selection committee, which has before it the reports of previous interviews.

105. The system of selection at Manchester University is under review. At present candidates are interviewed in the first instance by the Tutor, who refers to a selection committee those whom she considers suitable. Any candidate not possessing a social science certificate and considered personally unsuitable is rejected by the Tutor, but those who have a qualification are considered by the committee.

106. At Edinburgh University the candidates for the mental health course are interviewed by a psychiatrist, and by one or more psychiatric social workers. Those who are unsuitable are rejected at once, but if there are more suitable applicants than there are vacancies, the opinion of an advisory committee is taken. The committee does not interview the candidates.

107. The following Tables give a complete account of the selection of candidates for the three mental health courses during the sessions 1945/1946 to 1950/1951 and of the subsequent career of those who qualified.

TABLE I

LONDON SCHOOL OF ECONOMICS AND POLITICAL SCIENCE

	1945/46	1946/47	1947/48	1948/49	1949/50	1950/51
Number of applications	92	108	104	120	135	110
Number interviewed	77	86	83	98	118	97
Number accepted	42	50	45	39	40	40
Withdrew before starting training	2	—	6	7	6	4
Started training	40	50	39*	32	34	36
Did not complete training:						
Withdrew	4	2	1	4	5	
Failed	2	2	4	3	2	
Qualified	34	46	33†	27‡	26§	
Subsequent career:						
Psychiatric social work appointments	25	37	25	19	23	
Other social work	4	3	1	—	—	
Other employment	2	3	4	2	—	
Not working:						
Marriage	2	—	1	1	1	
Other reasons	—	2	—	—	—	
No information available ...	1	1	2	5	2	
				returned to own country		

* Includes a two-year student.

† A two-year student did not sit the examination.

‡ Includes one two-year student and one student referred in 1947/48.

§ Excludes one student already qualified in her own country who took the specially arranged course which she completed successfully.

TABLE II

MANCHESTER UNIVERSITY

	1946/47	1947/48	1948/49	1949/50	1950/51
*Number interviewed by Selection Committee	10	12	14	19	22
Number acceptable	6	6	9	14	17
Withdrew before starting training	—	—	—	4†	5†
Started training	6	6	9	10	12
Did not complete training:					
Withdrew	—	—	1	—	
Failed	—	—	1	4	
Qualified	6	6	7	6	
Subsequent career:					
Mental Health appointments	5	6	7	6	
Not working:					
Marriage	1 (overseas student)	—	—	—	

*These figures exclude a number of people, interviewed in the first instance by the Tutor, whose qualifications were not considered sufficient to justify their being referred to the Selection Committee.

†4 students accepted for the 1949/50 course and another 4 accepted for the 1950/51 course withdrew before starting training, they having been selected for other mental health courses for which preference was expressed.

TABLE III

EDINBURGH UNIVERSITY

	1945/46	1946/47	1947/48	1948/49	1949/50	1950/51
Number of applications	No information	22	39	42	41	32
Number interviewed	11	13	28	42	32	27
Number acceptable	4	9	24*	23*	21*	15*
Started training	4	8	14	12	10	12
Did not complete training:						
Withdrew	1	—	1	1 (died)	—	
Failed	—	—	—	1	—	
Qualified	3	8	13	10	6†	
Subsequent career:						
Mental Health appointments...	3	5	13	10	6	
Other social work	—	1	—	—	—	
Not working:						
Marriage	—	1	—	—	—	
Other reasons	—	1‡	—	—	—	

*Of the 83 acceptable candidates during the sessions 1947/48 to 1950/51 a total of 32 withdrew before starting training, they having been selected for other mental health courses for which preference was expressed.

†The remainder (4) may qualify after further training.

‡After a year's leave for a visit to South Africa this psychiatric social worker is again working.

SECTION V: DISCUSSION OF PROPOSALS AND VIEWS OFFERED TO THE COMMITTEE

VIEWS OFFERED ON MENTAL HEALTH COURSES

108. The standard of training attained in the university social science courses necessarily influences the type of additional training required by those specialising afterwards in mental health. With regard to the mental health course, we find general support for the view that there should be no lowering of the existing standards of training. But since the course had been criticised in some quarters as being ' extremely severe ', ' too rigid ', ' more full and academic than the work needs ' and as it was suggested that it should be lengthened to enable provision to be made for more practical training in clinical work and greater theoretical knowledge and practical experience of mental deficiency, we thought it would be desirable to hear what some of the " consumers " had to say about it. We accordingly invited one hundred psychiatric social workers who had taken the mental health course at (*a*) the London School of Economics and Political Science during the sessions 1943/1944, 1944/1945 and 1945/1946; (*b*) Manchester University during the sessions 1946/1947 and 1947/1948; and (*c*) Edinburgh University during the sessions 1944/1945, 1945/1946 and 1946/1947, to let us have their views with frankness and in confidence on the course with special reference to its subject matter and length and the relative time given to theoretical and practical work. We realised that a proportion of the group selected received their training under war-time conditions when things were about as difficult as they could be. The replies received have been interesting and informative and we much appreciate the helpful co-operation of our correspondents and the observations and suggestions they have made about the training.

109. A study of the replies from some seventy psychiatric social workers trained between 1943 and 1948 reveals that in their view the course as a whole provides a thorough and comprehensive training for psychiatric social work. Many and varied observations were made about various aspects of the training but it was evident that on three matters the majority of our correspondents were substantially in agreement, viz.,

(*a*) that the course should if possible be lengthened;

(*b*) that further experience of clinical or practical work is required; and

(*c*) that the balance between theoretical and practical work is satisfactory.

The point was made by some correspondents that it might be impracticable in present circumstances to give effect to their suggestions on either financial grounds or because of the urgent need to turn out workers with a specialised training with the minimum of delay. As regards the first point, some workers suggested that the course should be lengthened by periods ranging from one to six months, others by periods of from six to twelve months. The suggested lengthening of the course was not infrequently related to the need for obtaining more experience in clinical or practical work. There were differing views as to when and where the additional practical experience should be obtained. Some thought that it should be organised within the course but were divided in their views as to whether the work should be undertaken at or away from the training centres; others suggested that the further experience should be obtained under an experienced psychiatric social worker before or after the course or during an extended course. The type of further experience suggested was fairly equally spread among the following types of work: mental hospital, adult psychotic patients, mental defectives, the organisation of a local health authority mental welfare service, child guidance, and normal children. The main criticism of the subject matter of the course was that more use might be made of lectures

and carefully matched discussion groups and seminars, and that the lectures on psychology were insufficient or inadequately presented while in proportion to the other subjects too much time was given to physiology and the presentation in some was " over the heads " of those who had little previous knowledge of the subject.

BASIC TRAINING IN SOCIAL CASE WORK

110. We have already examined in some detail the existing university social science courses, which are usually accepted as basic training for social work (paras. 85 to 101). From the comments we have received in evidence it is clear that the social science course offered as a university discipline is an excellent groundwork for the understanding of social issues, but the student who wishes to proceed to the general practice of social work is hampered by lack of experience under skilled supervision. Theoretical and practical training combined in one educational process would have two outstanding advantages: it would enable the student to take up practical work on completion of the course without having to enter upon a specialized training, and it would make it possible for the worker to change from one type of employment to another within the common boundary of social case work, without having to tread familiar ground in specialized training.

OTHER FORMS OF MORE OR LESS FULL TIME TRAINING AND THEIR RELATION TO SOCIAL WORK IN MENTAL HEALTH

111. To overcome the immediate handicaps of lack of training and experience in social work and the financial difficulties of prospective candidates, it has been suggested that an emergency programme, designed to train assistants in psychiatric social work, might be put into operation. This might at the same time help to stimulate recruitment to meet the urgent demand for social workers in the mental health services. The proposals submitted to us fall into two main divisions, viz., (i) trainee schemes; and (ii) courses of training, both theoretical and practical, designed to give the student an introduction to the mental health services.

TRAINEE SCHEMES

112. The proposed trainee schemes put forward in evidence have a good deal in common. Broadly, they envisage that suitable trainees will be admitted to employment in the mental health services under the supervision of experienced psychiatric social workers. A regional basis of training is favoured and it is generally agreed that candidates should hold a certificate in social science or an equivalent qualification or have had good practical experience in social work. In the majority of schemes it is urged that selection of candidates should be on an individual basis. This is the keystone of a trainee scheme; but there is difference of opinion as to what bodies should be responsible for selection and subsequent training.

113. The trainee schemes are in accord in emphasizing that trainees should only be employed in the mental health services under the supervision of experienced psychiatric social workers, and it is commonly accepted that not more than two trainees should be under any one supervisor.

114. None of the trainee schemes contemplates that the trainee, on completion of the probationary period of training, will emerge with the status of a psychiatric social worker; but all are in agreement that she should be encouraged to follow up this field training by taking a mental health course. One scheme contemplates that a special register of trainees should be kept by the body conducting the trainee scheme and that the universities providing the mental health courses should be associated with the initial selection of the trainees.

115. It is suggested by some, though not all, of the advocates of a trainee scheme that regional psychiatric social workers should be appointed with a view to maintaining a satisfactory level of supervision in the region as a whole.

116. Most of the schemes include a proposal that a salary should be paid to trainees as soon as they begin work under a psychiatric social worker, but in one instance it was suggested that the appointments would be on a probationary unpaid basis, although a salary would be paid during the subsequent mental health course. Apart from the general view expressed that the salary to be paid to the trainee should not reach the level of that of the fully qualified psychiatric social worker, no definite suggestions have been made. One body has recommended that the scale should be commensurate as far as possible with the previous training and experience of the trainee while another proposes that it should be calculated according to need so as not to exclude married men, or women supporting relatives.

117. In so far as any views have been expressed about the financial aspect of the trainee scheme, there is agreement that any voluntary body which might be invited to participate in its organisation and administration should be reimbursed for the total costs including overheads and increased administration expenses.

118. There is a general belief among those in favour of a trainee scheme that its introduction, subject to proper safeguards to maintain the quality of the service, will be a means of stimulating recruitment throughout the country and should lead to an increase in the number of psychiatric social workers. As one commentator puts it, " if each trainee were to work as an assistant to a psychiatric social worker for one or two years there is reason to believe that during the next five years at least 200 trainees might be offered employment on these terms ". On this basis the advantage of a trainee scheme is that there would be a manageable intake into the profession. The benefit to the mental health services, quite apart from the value of those workers who continue training to become psychiatric social workers, is that there would always be a prospect of sixty to eighty trainees in the field; by this means the increase in social workers in the service would be noticeable from the beginning. This calculation is of course dependent on the recruitment of a sufficient number of candidates with the special personal qualities required for this work, and it cannot be assumed that this will happen.

SHORT COURSES OF TRAINING

119. Those associations, and they are in the minority, which advocate short courses of training as opposed to a trainee scheme, whether as a temporary expedient or a permanent measure, expect that candidates will have a background of education, personality and intelligence, and be mature and well-balanced persons capable of carrying a good deal of responsibility. One association considers that candidates should preferably hold a certificate in social science and possess some experience in general social work, although it is realised that it would be impracticable to restrict admission to these persons. The same body holds the view that the selection of candidates should be made individually, with particular emphasis on personal suitability and relevant experience.

120. The advocates of these introductory courses are in agreement that there should be a clear-cut distinction in name, status and salary between those who attend them and the psychiatric social worker. One organisation, in submitting evidence, took the view that on completion of the course the worker would be qualified for employment in the mental health services, other than in child psychiatry, under the supervision of a psychiatric social worker.

Another suggested that the worker, after qualifying for employment, should have the opportunity of consultation with an experienced worker and that a psychiatric social worker should act in a general supervisory and advisory capacity in relation to the new worker. The same body suggested that the recruitment of these workers to the service should be on the clear understanding that the full training of the mental health course should be taken later and that facilities for this training and inducements to undertake it should be provided.

GENERAL EFFECTS OF EMERGENCY TRAINING

121. When we look at the trainee schemes and short courses in outline, it is interesting to observe that they have certain common features, viz.:

(*a*) that candidates for training should have a good background of education, intelligence and personality and be well-balanced and responsible persons with some experience of social work;

(*b*) that on entering employment in the mental health services the trainee assistant should work either directly under the supervision of a psychiatric social worker or look to her for advice;

(*c*) that until the trainee assistant has taken the mental health course she should be known by some title other than *psychiatric social worker;*

(*d*) that trainees should be paid a salary as soon as they begin work.

SECTION VI: TRAINING MEASURES PROPOSED BY THE COMMITTEE

COMMENTS ON THE MENTAL HEALTH COURSES

122. It is essential in our view to ensure that the increasing demand for psychiatric social workers, which must obviously continue for some time to come, does not lead to any lowering of the standards of qualification which are set in the existing mental health courses. In our opinion it is better for the mental health service to maintain a high standard of candidate than to fulfil the immediate needs of the service at a low level.

123. We accept the view so frequently expressed to us in the evidence that mental health work by its nature requires a maturity of mind and experience of life which is greater than is required in some branches of social work. The objections to accepting educationally, intellectually, or temperamentally unsuitable people for the work need no stressing and we think that in the selection of candidates for the course personal suitability for the work should be given at least equal consideration with educational attainment. Candidates should have had training in social work followed by a period of employment and we therefore consider that the age range for admission to the course should be wide, from a minimum of twenty-two years.

124. We do not think that the mental health course should be lengthened, but certain modifications of the training course might achieve the same end; we hope that the following suggestions will receive consideration by the responsible authorities:—

(i) We consider that efforts should be made as soon as possible to increase the opportunities for candidates to obtain academic and practical training in psychiatric social work. We think that more universities could undertake the special mental health course of one year and we should like to see further training courses started in parts of England and Wales where the need is great and where there are adequate facilities for both academic teaching and training in practical work. There is an obvious risk that the development of some such courses might, for a time at any rate, reduce the number of applications for the existing courses which have not always been filled to capacity; on the other hand the spread of teaching to other universities would no doubt attract students who for geographical or other reasons are unable to take the mental health course already established in London, Manchester and Edinburgh. A great compensating advantage is the spread of opportunities for practical work, the educational value of the mental health course in areas outside London, and the encouragement that these courses might give to students to take up employment in the provinces. Some of the replies we have received from the social science departments of various universities indicate that they would be willing to establish a mental health course but hesitate to do so on account of the lack of facilities for teaching in psychiatry and for practical work. We appreciate that this difficulty has been an obstacle to development in the past; but now that regional hospital boards are developing their mental health services more fully it should be possible to attract psychiatrists and senior psychiatric social workers in sufficient numbers to undertake teaching and practical work in their areas and to establish clinics in sufficient numbers to offer ways and means for practical teaching.

(ii) We have received some evidence indicating that social work is looked upon as an alternative career by women in other professions, such as teaching. It is a pity that promising recruits should be lost to the mental health services because they have no basic training in social

work. The difficulty at present is that they are unable to complete a mental health course in a single year. We suggest that good candidates of this type might be offered a two-year course, the first year being a training in social science, adjusted to the requirements of the mental health course in the following year.

(iii) Provision should be made for giving students a greater theoretical knowledge and practical experience of mental deficiency, especially community care, and a deeper insight into the administration of the mental welfare services of local health authorities. This is of immediate importance because local health authorities stand in great need of trained social workers to supervise the community care of mental defectives, in addition to their other duties in the care and after-care of persons suffering from mental illness. We appreciate that the present courses include some study of the social and clinical problems of mental deficiency and of the law and administration relating to it. We recognise also that the general principles of case work as taught are applicable to work with mental defectives and that, although not specifically mentioned in the printed syllabus of the London course, students have the option of doing two months' practical work in mental deficiency. But the fact remains that few students have taken advantage of this opportunity and that in a comprehensive service of to-day a psychiatric social worker is not fully equipped for her duties in the mental welfare services of local health authorities if she has not had an adequate training in mental deficiency and in community care.

(iv) *Psychology.* We further suggest that more attention should be given in the mental health course to abnormal mental states. If the study of normal psychology has been fully dealt with in the basic social science course, the student should be able to grasp the more intricate problems raised by deviations from the normal. A re-orientation of the teaching would save time, and in any case students who were personally suitable for admission to the mental health course, but had not had enough training in normal psychology, might have extra tutorial work at the beginning of their course. In some instances a balance could be secured by reducing the time devoted to physiology.

(v) *Physiology.* In general, we feel that physiology is a subject for the basic course, to be taken along with normal psychology—the study of mental processes as such. It should hardly be necessary to add that the physiological basis of abnormal mental states would be considered in the mental health course.

OTHER FORMS OF TRAINING FOR SOCIAL WORKERS IN MENTAL HEALTH

IN-SERVICE TRAINING

125. As there are no standardised courses of training for workers (other than psychiatric social workers) in the mental health services, we recommend that appropriate training courses should be organised as soon as possible, on the lines indicated below:—

(i) *Persons already holding appointments as mental welfare workers under a local health authority.* We appreciate the difficulties of seconding existing staff for full time training. Nevertheless, if mental welfare work is to maintain good standards, efforts should be made to give inexperienced workers an opportunity for study. The courses should be organised in conjunction with the extra-mural departments of the universities, on a regional basis. They should be designed in full co-operation between the teaching bodies, the regional hospital boards, and the local health authorities. On completion of a course of six

to eight weeks in the theoretical background of their duties, workers who proved suitable could proceed, in their own areas, to take in-service training. Mental welfare workers who already possessed a social science certificate or its equivalent, or who had reached a high standard of education, could be seconded direct (if personally suitable) to a mental health course when they had had not less than two years' practical experience.

A good scheme of in-service training commonly includes the following:—

(*a*) experience of case work under the supervision of a psychiatric social worker or experienced mental welfare worker;

(*b*) instruction in the medical, social and legal aspects of mental health work; discussion groups; and visits of observation to hospitals, training centres and other institutions for the treatment of mental illness, mental deficiency and delinquency.

(ii) *New entrants to the local health authority's service.* A number of young officers may enter the mental welfare services either directly or by transfer from another department of the local health authority. As a preliminary to training they should spend at least six months under the supervision of an experienced worker, so as to get a general background. Thereafter, if found personally suitable, they should be enabled to take in-service training over a period of two years.

American experience has shown that in-service training is a most valuable educational work. It recognises clearly that a very large number of jobs in social work are held by untrained workers, and its aim is to remedy that defect in the most speedy and effective way. In the second place, in-service training is a powerful agent in convincing prospective employers—public or private—that professional training brings in quick returns by raising the standard of service. And finally, the policy of many agencies in the United States of America is to give their workers educational leave, during which their full salary is paid. We have yet to learn in this country the good lesson that it pays handsomely to give promising young workers a chance to get professional education in the course of their work. This policy throws open the social services to a much wider group than can afford at present to undergo training, and so offers fairer chances to the lower income groups.

FURTHER TRAINING SCHEMES AND REFRESHER COURSES

126. Our main recommendations are concerned with recruitment—the means of increasing the number of entrants to the mental health services. We have also recommended a system of in-service training for men and women holding appointments under the local health authorities, who have not had an opportunity hitherto of receiving appropriate instruction, but have a substantial period of service before them. In addition, we have had under review the question of more senior men and women whose time is now fully occupied in work of responsibility justified by their experience. Workers in this last group would, we believe, benefit from short refresher courses and from conferences arranged from time to time to provide free exchange of views amongst mental welfare workers. We feel, however, that senior officers with many years' experience in social work connected with mental health cannot be expected to take further intensive training and should be afforded the opportunity, during a limited period of (say) five years, of obtaining recognition as officers of standing qualified by experience. There is ample precedent for this in other professions and we suggest that the Committee referred to later (paragraph 132) be required to organise a scheme for the recognition of officers with a minimum of (say) five years' suitable experience.

127. An alternative method which might commend itself more to some officers would be to take advantage of opportunities offered by extra-mural university classes for systematic study while holding an appointment. In

London University, for example, the Extension Diploma in Social Theory and Structure already offers special fourth year courses, e.g., in delinquency, in case work and administration. If there were sufficient demand, a fourth year on case work and mental health might be included as more appropriate to mental welfare officers already in employment.

TRAINEE SCHEMES

128. We wish to suggest as an urgent measure for reducing the gap between supply and demand the introduction of a trainee scheme under which suitable candidates may apply to become assistants in mental welfare work under the supervision of experienced psychiatric social or mental welfare workers. We think that a period of two years should be occupied in this kind of apprenticeship, during which the trainees should be paid a salary or training grant. At the end of the period it would be open to the trainee to apply for admission to a mental health course. It is important that the training should include practical experience of the mental welfare work undertaken by local health authorities.

129. A trainee scheme should aim at attracting new recruits into the mental health services. One of the main advantages of the system is to bring within the reach of interested persons in most regions any facilities available for training, and enable economical use to be made of the present limited resources of skilled teachers. Another advantage is that the system offers opportunities for training in practical work and service to:—

(*a*) Young men and women holding a social science certificate who, though suitable both academically and personally to take a mental health course, are rejected partly on account of age and partly because of insufficient experience, but who could thereby qualify for admission to a course at a later date.

(*b*) Those holding a university degree in " non-social " subjects or other general qualification who, though otherwise suitable to take a mental health course, cannot be accepted because of lack of experience in social work.

(*c*) Men and women who, for one reason or another, are unable to make the best of academic courses. Some candidates of the latter kind are too old to go back to school; others find the discipline of academic training too hard to adopt after long experience in practice; and others again have simply not the capacity to profit by academic discipline and yet may be admirable workers when face to face with human problems, provided that they are working under supervision and on selected cases.

(*d*) Married women and others with dependent relatives who have practical experience of social work but are unable for financial reasons to take the mental health course.

(*e*) Men and women now endeavouring to qualify for social work by means of extension and external diplomas in social studies whose practical training would cause them considerable financial embarrassment, since it involves giving up their employment.

130. It is difficult to suggest an administrative scheme for this training that is not too elaborate for the purpose. The principal employing bodies will in future be the regional hospital boards (with the hospital management committees as their agents), and the local health authorities. There are advantages in choosing the regional hospital boards to deal with the relatively small numbers of trainees. These boards are few in number, compared with the local health authorities, and so it would be feasible for each board to handle a sizeable group of trainees. The boards are based on university centres, and

hey will become more and more concerned with the problems of vocational training as an adjunct to academic courses. They are in a position to work closely with local health authorities. The regional hospital boards should be able to become well equipped with training facilities in mental health, and fairly uniform standards from region to region could be secured. Finally, the regional hospital boards have convenient machinery for paying uniform grants or salaries, and—through their Mental Health and Advisory Committees—for organising training schemes and distributing the trainees among the available psychiatric social workers.

131. We recommend that a trainee scheme under the supervision of psychiatric social workers should be organised on a regional basis and we hope that a high proportion of the trainees will later take the mental health course and will be offered grants to enable them to do so. We recommend that the regional hospital boards should be the bodies responsible for the executive functions in connection with the training of candidates, and for the payment of maintenance grants to those persons selected to enter the two years' training. The selection of candidates for training would be undertaken by a joint selection committee* and the organisation of training carried out in association with the local health and education authorities in the various regions. During this period, as we see it, the candidate would be in some kind of contractual relationship with the regional hospital board but after training she would be free to choose her own career. If she decided to become a mental welfare worker, she would no doubt enter into a contract of service in the usual way with a local health authority.

132. In order to achieve common standards in the trainee schemes of regional hospital boards, we recommend that a central consultative committee be set up consisting of representatives of the universities which have established a mental health course, the Association of Mental Health Workers, the Association of Psychiatric Social Workers, the National Association for Mental Health, the National Association of Authorised Officers and the Royal Medico-Psychological Association. Observers from the Ministries of Health and Education would be of great value. As the Association of Psychiatric Social Workers is the professional organisation most closely affected by our recommendation for a trainee scheme and has some experience in running such a scheme, we are of opinion that it would be the most appropriate body to convene this committee. A committee constituted on these lines would be especially equipped to advise on the qualifications and suitability of workers selected for the supervision of candidates; it should keep a register of trainees and work in close touch with regional hospital boards and local health authorities on questions of selection and training and of professional standards. This Committee should, we think, organise the scheme of recognition of workers of standing and experience referred to in paragraph 126, and should keep a register of officers who receive such recognition. The committee will require financial assistance from public funds for the provision of adequate staff and office accommodation.

133. The scheme which we recommend for training candidates in the elements of mental health work falls short of the ideals at which we aim. For this reason we think that the operation of the system should be reconsidered at the end of five years, and we advise its adoption as a temporary measure only, to meet the present shortage of psychiatric social workers.

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* Representing the principal employing authorities, the teaching bodies, and the associations of social workers in the mental health field.

SECTION VII: ORGANISATION AND FINANCE

134. In the final review of our proposals we had to give thought to the structure of the mental health services as modified by post-war legislation. The National Health Service Act of 1946 is concerned mainly with three large groupings: general medical practice, the local authority health services, and the hospitals including mental deficiency institutions. With regard to the first we have made no recommendations, because this part of the Act does not affect the administrative structure of the mental health services. Nevertheless, we record our belief that a close working arrangement between the family doctor and the mental health services is essential to the success of the latter within the community.

135. In the second group, the local health authorities, we are concerned with a large number of mental welfare workers whose functions are being gradually defined and developed into a comprehensive service. The third group includes the hospitals as defined by the Act, the mental deficiency institutions and the clinical services associated with them. In this group, especially in relation to psychiatric and child guidance clinics, most of the psychiatric social workers are employed. A number are also associated with the education services as members of teams working at child guidance centres. We have considered whether it would be possible to create a uniform structure throughout all these services, but it seems to us that there is a difference of function of the hospital services and the local health authority services which cannot be fused by any simple form of organisation. We cannot go further than recommending that there should be in both services a two-tier organisation in which senior staff who have had appropriate training and experience should act in a supervisory capacity especially in relation to the organisation of trainee schemes and in-service training.

FINANCIAL CONSIDERATIONS

GRANTS TO CANDIDATES IN TRAINING

136. It has been urged upon us that financial aid from public funds should be given to students who desire to take the social science course and/or the mental health course and who are selected as suitable for the training; and that a general improvement of salary scales and conditions of employment of qualified psychiatric social workers would encourage social workers to take the mental health course and stimulate recruitment generally in the mental health services. We have been informed that relatively few social science students succeed in obtaining grants from local education authorities under the Education Act, 1944 and that grants where made vary in amount and are sometimes insufficient to meet students' needs. This has led each year to the withdrawal of a number of suitable applicants. The grants under the Further Education and Training Scheme, which have largely met the need in recent years, are now coming to an end. It has also been emphasised that the average age of social science students is higher than that of undergraduates in general, and that the date at which they can begin to earn a livelihood is often further postponed by the necessity of taking, and paying for, a subsequent period of vocational training. Similar considerations obtain as regards candidates for the mental health course, except that here there has been a tendency for grants from local education authorities to increase, although the policy of the authorities is stated to vary both as to the number and value of grants made. The difficulties of the successful social science student who desires to make psychiatric social work a career are further accentuated by having to obtain adequate experience in social work before she is eligible for admission to the mental health course.

137. The fact that more attractive salaries are now available in some occupations comparable with psychiatric social work, and that maintenance grants are given to students throughout their training, is also having the effect of drawing off promising candidates from the mental health services. This is particularly true as regards the recruitment of men and women with family responsibilities, whose contribution might be of great value. Our information revealed that a number of candidates withdrew from a 1948–49 mental health course because they felt unable to forgo better prospects offered by other occupations and because adequate maintenance grants, as distinct from scholarships, were not forthcoming. It can be shown that an appreciable number of those who have taken a mental health course have thereby actually lowered rather than increased their salary, after having undertaken a year's training either at their own expense or with a scholarship considerably below their earnings.

138. We therefore consider that suitable candidates who are engaged in practice after they have qualified in social science, should be given every encouragement to return to the universities which offer the mental health course, and undertake the further period of training that this course requires. In our view, the most effective form of encouragement is to provide out of public funds grants sufficient to compensate these students who need assistance for the loss they would incur in leaving employment to take further training. We regard this as an act of simple justice to the candidate, and of self-interest to the employing authority.

139. In the past, as we have already mentioned, the London School of Economics and Political Science were able to offer through the generosity of the Commonwealth Fund of America, supplemented by assistance through the National Association for Mental Health, a number of scholarships to students taking the mental health course at the School who would otherwise have been unable to do so for financial reasons. The grants from the Commonwealth Fund ceased, however, at the end of the 1948–49 session, while those from the National Association for Mental Health which came from an Exchequer grant which was discontinued, also ceased in 1949. In view of this, and because of the urgent national need for qualified psychiatric social workers, we are pleased to be able to record that a scheme of Exchequer assistance was authorised in 1949 towards the training of psychiatric social workers by the payment of approved fees of selected students, and by the payment to the students of maintenance grants at the rates and under the conditions obtaining under the Mature State Scholarships Scheme. Students who are able to demonstrate that they need this financial help are required to give an assurance that on qualifying they will take up employment in the National Health Service or the Education Service. The Department of Health for Scotland also provides grants for the training of psychiatric social workers at Edinburgh University, preference being given to Scottish students. Students who receive a grant give an undertaking to work in Scotland as psychiatric social workers for at least a period of two years. The grants first became payable from October, 1950. We hope that these schemes of financial assistance will be extended to students in need of such aid who desire to take the mental health course at other universities. When a student taking a mental health course comes from a hospital within the National Health Service, or is in the employment of a local health authority, we should expect secondment on pay, in which case no grant would be required.

140. For the reasons given in paragraph 136, we think that grants from public funds should also be offered to suitable students to enable them to take a social science course. These courses are the chief source of supply of recruits for the specialised training in psychiatric social work and we think it is important that there should be no delay in arranging for the necessary financial provision to be made from public funds. The situation will rapidly

deteriorate if no alternative grants are available to replace those made under the Further Education and Training Scheme and if local education authorities are not stimulated to make fuller use of their powers.

SALARIES OF PSYCHIATRIC SOCIAL WORKERS AND MENTAL WELFARE WORKERS

141. The details of salaries and conditions of work of officers employed in the mental health services are, we consider, outside our terms of reference, since negotiating machinery on Whitley lines already exists for dealing with them. In view, however, of the exacting requirements of training demanded for the psychiatric social worker and as, in our opinion, this worker should be regarded as a specialist in her own sphere, we would like to record our view that appointments of this kind should, as soon as opportunity offers, be made financially more attractive. Indeed, the view is very strongly held by members of this Committee that the present salary position of psychiatric social workers is the most important single factor in the dearth of really suitable candidates for the mental health courses.

142. According to our information the salary scale of psychiatric social workers was last reviewed in 1946 by the Joint Negotiating Committee (Hospital Staffs) which went out of existence on the coming into operation of the National Health Service. The scale then recommended by that Committee and widely accepted by local authorities and other employing bodies was £370 per annum, rising by eight annual increments of £20 to £530, plus £75 for posts carrying special responsibilities.

143. The salary scale for mental health workers agreed upon by the National Joint Council for Local Authorities' Administrative, Professional, Technical and Clerical Services with effect from 1st April, 1950, is briefly as follows:—

Mental Health Workers employed on field duties.	£390–£465 (A.P.T. Grades I–II)
Mental Health Workers engaged on duties which may include the field duties of the officer mentioned above, but which are of a more responsible character, taken as a whole, e.g., supervisory in character or involving liability to act in relief or emergency as a duly authorised officer.	£450–£495 (A.P.T. Grade III)
Mental Health Workers who are regularly responsible for performing the duties of duly authorised officer, and who also have supervisory duties in mental health or general welfare work.	£480–£525 (A.P.T. Grade IV)

The appropriate qualifications are a diploma or certificate in social science or mental health of a university. The gradings set out above also apply to a mental health worker already in the field who, although not possessing either of the qualifications mentioned or such other similar qualifications as may be stipulated, has had not less than five years' experience in responsible mental health social work. As regards those mental health workers who are not qualified, either by academic qualification or experience, it is left to the employing authority to determine the remuneration, due regard to be paid to the standard determined for qualified workers. The grading of senior administrative posts in the mental health services has also been left to the employing authorities, due regard to be paid to the duties and responsibilities of each post and to the foregoing standards of grading.

144. The salary scale for mental welfare workers employed by local authorities does not apply to social workers, numbering about 100 at the end of 1949, employed by hospital management committees. It is anticipated that a scale will be negotiated before long.

SECTION VIII: SUMMARY AND RECOMMENDATIONS

145. In preparing this Report we were faced, in both evidence and discussions, with three facts: (i) that only a small number of fully qualified psychiatric social workers hold appointments in this country; (ii) that there are many other social workers in the mental health field, some untrained, and others with wide variations in both theoretical and practical training; and (iii) that there is a large unfulfilled demand for social workers in the mental health services. Our services need psychiatric social workers in much greater numbers—our examination of the situation suggests more than 1,500 compared with the present 331 in active practice (paras. 45–53). We also need a still larger number of trained and experienced mental welfare workers (paras. 67–69).

146. The mental health services in England and Wales are responsible for the social care of nearly 150,000 persons who are under treatment for mental illness in hospitals of one kind or another; in addition, there are large numbers of persons receiving treatment at psychiatric clinics and child guidance centres, some 51,000 mental defectives under care in institutions and another 76,000 on licence and under guardianship and statutory and voluntary supervision in the community. Any relation of the estimate of demand and supply of trained psychiatric social workers is complicated by the varying needs of the mental health services as a whole and by the existence of many other workers in the field. It is evident that a large number of these other workers will never, for one reason or another, undertake the full course of training. They must therefore be considered and accounted for as they are, and not made subordinate to some theoretical and unreal situation. What we do know is that in order to provide a good service we must have a group of fully trained psychiatric social workers, and we must accept readily the existence of a much larger number of mental welfare workers, some with long experience, and others untrained or semi-trained: we have to make the best possible use of their services.

147. We are in danger of having extensive specialisation in social work without any solid foundation of general practice. The university social science courses are usually regarded as the basic training for social work, but they offer introductory studies rather than practical training (paras. 91–101 and 110) although practical work is becoming increasingly recognised as an essential feature. In consequence, the great majority of students who have completed a course in social science go on to take one or other of a constantly enlarging group of " specialties ", the training for which covers ground which ought to have been covered in the general course. This system has the double disadvantage of overlapping in training, and compartmental rigidity in practice.

148. Our evidence shows clearly that there is, both now and in the foreseeable future, a keen demand for educated women in the professions—especially nursing and teaching. In 1949 only a quarter of the girls leaving secondary grammar schools in England and Wales went on to further full time education. Unless this proportion increases, the claims of the social services, subject as they are to heavy competition, are not likely to be met (paras. 56–63). It is obvious that the mental health services, which necessarily require from their staff both maturity of mind and the skill that comes from long training, must offer the prospects of an attractive career.

149. One of the difficulties experienced by the newly-qualified psychiatric social worker is that her first appointment may be in a hospital or clinic where the psychiatrist has not previously worked with a member of her profession.

Relatively few psychiatrists appreciate the functions of psychiatric social workers or how best to use their services, and it would be worth while giving consideration to this in the training of psychiatrists. Examiners for the Diploma in Psychological Medicine might give a lead in this direction by the inclusion of more frequent questions on the social aspects of the subject.

RECOMMENDATIONS

We have drawn attention (paras. 9–10) to the recommendations put forward in our interim report, some of which have already been implemented*. In giving our continued support to these recommendations, we wish to lay emphasis on certain points:—

(1) THE BASIC COURSE IN SOCIAL SCIENCE

Many universities offer diploma or certificate courses in social science, and there has been in recent years an increase in the number of three-year degree courses in social studies. There are wide variations in standards of practical work, and much remains to be done in linking theory with practice. We believe that a sound, well-balanced course in social science is an indispensable foundation for the practice of social work in the mental health services, and indeed for all forms of professional social work which rely upon general case work as a method of approach and practice.

It is not within the scope of our report to give detailed consideration to this matter, but we cannot attempt to build unless we know the extent of our foundations. *We accordingly recommend* (paras. 91–98 and 110):

(*a*) that new entrants to the profession of social work should be offered a general training, linking academic and practical work, at university level;

(*b*) that this general training in social work should be designed to meet the needs of social workers engaged in case work;

(*c*) that psychology should be taught in its application to the living situations which the candidate is likely to meet in her daily work.

(2) THE MENTAL HEALTH COURSE

We agree with the views expressed in evidence that the existing mental health course is well-balanced and generally satisfactory; but we have suggested certain modifications in its content (para. 124). *We recommend* that the standards of training set by the existing courses should be maintained, and efforts should be made to establish additional university mental health courses where adequate facilities for training in practical work can be secured (paras. 122 and 124 (i) and Interim Report—Recommendations (iii) and (vii)). If the basic course in social science is modified on the lines which we suggest above, we do not recommend any change in the length of the mental health course.

(3) IN-SERVICE TRAINING FOR OTHER SOCIAL WORKERS IN THE MENTAL HEALTH SERVICES

In adopting a realistic policy we recognise that there are and must continue to be a large number of social workers in the mental welfare services of local health authorities who have not taken a mental health course and do not intend to do so or would not be suitable. Some of these are experienced mental welfare workers who are secure in their appointments and highly skilled in their duties. Our concern, however, is primarily with those who have had no training in mental health work, and at most a limited course of instruction and inconsiderable experience in practice. *We recommend* a system

* Memorandum R.H.B. (50) 5/H.M.C. (50) 5 of 10th January, 1950; and Circular No. 6/50 of January, 1950, to local health authorities.

of " in-service " training under the supervision of a psychiatric social worker or a mental welfare worker of experience (para. 125 (i)). For officers of local authorities entering the mental welfare services for the first time we advise a preliminary period of training under an experienced worker—to give the candidate a general background and to determine whether he or she is personally suitable. This would be followed by in-service training as described above (para. 125 (ii)).

The local health authority would thus benefit by retaining the services of its officer during the period of training. Little time would be lost, and the system would offer the prospect of a substantial increase in the number of trained mental welfare workers. In addition, a proportion of those who had completed in-service training and gained experience in practical work might be selected to take a university mental health course (paras. 74–79 and 122–124) and be seconded with pay to do so.

We recommend also that, for a specified period, officers qualified by experience who have spent not less than five years in responsible social work should be eligible for special recognition and registration (paras. 126 and 132).

(4) URGENT MEASURES FOR INCREASING RECRUITMENT—TRAINEE SCHEME

The proposals we have put forward above do not help to meet the immediate need for more social workers in the mental health field outside the domain of local health authorities. They are plans for training rather than recruitment, and they are intended to operate on a long-term basis. One of our aims, however, is to devise a scheme—even for a limited period—to attract recruits to the general mental health services, including hospitals, mental deficiency institutions, child guidance clinics, and other psychiatric services. For this purpose *we recommend* the adoption of a trainee scheme in which the candidates will be supervised by experienced psychiatric social workers (paras. 128–133 and Interim Report—Recommendation (x)).

We suggest that this scheme should be organised through the regional hospital boards, who would be responsible for the payment of maintenance grants to the persons selected for training. *We recommend* the appointment in each region of a joint committee of employing authorities, teachers, and associations of workers for the selection of candidates, and of a consultative committee for the co-ordination of regional schemes and the maintenance of standards (paras. 131–132 and Interim Report—Recommendation (xi)).

(5) DESCRIPTION AND USE OF THE TERM " PSYCHIATRIC SOCIAL WORKER "

The term " psychiatric social worker " should be restricted to persons holding a university mental health certificate. These persons should be regarded as specialists in their own sphere, and a register of psychiatric social workers should be kept—(Interim Report—Recommendations (iv), (v) and (viii)).

(6) RECRUITMENT OF MEN

The recruitment of men into the mental health services should be encouraged —provided, of course, that they receive adequate training (para. 70 and Interim Report—Recommendation (ii)).

(7) ECONOMIES IN TRAINED STAFF

The need for the greatest possible economy in the use of psychiatric social workers has been emphasized in the evidence submitted to us. There are grounds for believing that some psychiatric social workers in mental hospitals and child guidance centres are used for routine history taking, more than for social work, and for clerical and organising duties which persons with secretarial training could perform. We suggested in our interim report that the clerical and office routine work now performed by psychiatric social workers should in future be undertaken by clerical assistants and that employing

authorities should ensure that these fully qualified workers devote the fullest measure of their time and skill to the social work for which they have been trained. We suggested too that they should be provided with telephones, suitable office accommodation in a convenient position for their work and, in addition in country districts, with home telephones and cars (Interim Report—Recommendation (ix)).

(8) EMPLOYMENT OF MARRIED WOMEN

There are a number of married women who are psychiatric social workers or have had other training and experience in mental welfare. We know that some authorities are reluctant to make use of part time services, but in view of the present situation in relation to employment, we urge that more use be made of part time workers, especially in teaching and consultant appointments. Further, a number of trained workers who for one reason or another are not at present undertaking mental health work might be attracted back into the service on a part time basis by an offer of appropriate status and salary, and the amenities of car and telephone (Interim Report—Recommendation (i)).

The work of the Committee demanded the examination and sifting of a large amount of written evidence and of documents put forward by institutions and Associations. The Committee wish to record their gratitude to Mr. Forbes for his skilful presentation of material and the able and conscientious manner in which he carried out this service. They wish also to thank Miss Davey for her constant attention to secretarial work.

JAMES M. MACKINTOSH (*Chairman*)
R. M. BATES
SIBYL CLEMENT BROWN
J. B. S. LEWIS
KAY MCDOUGALL
JEAN M. MACKENZIE
R. H. PARRY
BRYN ROBERTS
MARGARET J. ROXBURGH
KENNETH SODDY
EILEEN L. YOUNGHUSBAND

A. FORBES (*Secretary*).
24th January, 1951.

APPENDIX I

As an example of the complete " mental health course " we quote below the syllabus of the London School of Economics and Political Science (University of London).

The differences between this and other mental health courses are in detail and not in principle.

THE LONDON SCHOOL OF ECONOMICS AND POLITICAL SCIENCE
(UNIVERSITY OF LONDON)

THE MENTAL HEALTH COURSE

PURPOSE OF TRAINING

The Mental Health Course (the training for psychiatric social work) was established in 1929 in order to offer a suitable qualification for social workers wishing to take up posts in Child Guidance Clinics and Mental Hospitals. Since this time there has been considerable expansion of the mental health services as a whole, and a corresponding widening of the scope of psychiatric social work.

There is now a steady demand for those holding the Mental Health Certificate to work in co-operation with psychiatrists in various types of clinics and hospitals for the treatment of mental disturbance; the new services in connection with health and education offer wide scope of interesting employment for social workers with this specialised training.

Psychiatric social workers are also in demand in other branches of social service in which there is particular need for the understanding of psychological difficulties; as for example, work with children deprived of normal home life, with delinquents, and with men and women seeking guidance on marital problems.

GENERAL ORGANISATION OF THE TRAINING

The Mental Health Course is a full time one, including academic and practical work undertaken concurrently, and it takes approximately twelve months, beginning in October and ending in September. There is a short vacation at Christmas and Easter, and a break of fourteen days after the examination at the end of June before or during the final period of full time practical work. The training takes place in London, with the optional exception of the period of practical work after the examination. Case work is undertaken at certain practical training centres in the metropolitan area, where the students' programmes are arranged in co-operation with medical and social work supervisors. Visits of observation are paid to various mental hospitals and other institutions for the treatment of mental disorder, mental deficiency and delinquency. The theoretical work of the Course is undertaken at the London School of Economics, and is closely inter-related with the practical work at the training centres. Individual tutorial assistance is provided throughout the Course, there are weekly classes in groups of ten, and lectures on the general topics of psychiatry, psychology, physiology, psychiatric social work, relevant law and administration, and criminology.

SCOPE OF COURSE

Social aspects of the Mental Health Service

An outline of the growth of the mental health services, including the child guidance services, supplying a background against which the present services can be studied. A general survey of the present services, both statutory and voluntary, and of legislation governing mental treatment and the care of mental defectives.

Principles and methods of psychiatric social work

Social case work in the psychiatric field, team work, contribution of social work to diagnosis and treatment, personal and professional relationships involved.

Law and administration relating to children

Outline of the law and administration of the social services for children and their bearing on social work.

The Study and Treatment of Crime

Meaning of crime and methods of study, causal factors, conception, aims and history of punishment; Adult and Juvenile Courts, prison and borstal, probation.

Social Medicine

Social medicine applied to housing, physical health, mental health and industrial diseases.

Physiology (elementary) and Applied Physiology

A general course in physiology is provided as a basis for the more advanced study of the relation of psychiatry to general medicine. The Applied Course includes the physiology of the higher level mental processes and of emotion; the physiology of sex, experimental genetics and application to psychiatry.

Psychiatry and Mental Deficiency

Historical development of psychiatry, its range, the social aspects. The phenomena of mental illness, the individual mental disorders. Nature and classification of mental deficiency, causation and treatment. Place of the social worker in investigation, prevention and treatment.

Child Development

Inter-relation of various aspects of normal development of individual from birth to maturity. Methods of studying psychology of children. Social, emotional and intellectual growth in childhood, middle years and adolescence. Emotional intensity and instability. The role of the environment.

Mental Health and Mental Disorder in Childhood and Adolescence

Child's emotional development and its difficulties, genetic approach, role of parents. Anxiety and mental defences against instinct. Various specific problems in development. Relationship with physical disease.

Psychology of family relationships

Cultural variations in family structure psychologically considered. Analysis of mother–child relationship. Problems of child nurture. Effect of parental character deviations on family life.

Psychology

Courses in General and in Social Psychology are available for those who have not previously covered this ground, or who need revision.

ADMISSION AND FEES

Students are admitted to the Course only on the recommendation of a Selection Committee. This Committee takes into account personal suitability for the profession of psychiatric social work as well as educational qualifications, experience and age. The conditions which candidates are required to fulfil are:—

(i) Minimum age of 22 years at the time of application. Preference is given to those between 23 and 35.

(ii) A Degree or Certificate in the social sciences; or other educational qualifications appropriate to social work, supplemented by practical training.

(iii) Experience of social work.

The fee for the Course is £37 16s. 0d. (or three terminal payments of £13 13s. 0d. each), plus £3 3s. 0d. examination fee. This covers all lectures and examinations, individual tutorial assistance, practical work and demonstrations. It also admits students without further fee to such other lectures given at the School as they may be recommended by their Tutors to attend (except where admission to particular courses is limited for special reasons). It covers all library facilities and membership of the Students' Union. An entrance registration fee is payable by all regular students attending the School for the first time; this fee is:—

For students applying from overseas	£2 2s. 0d.
For students not applying from overseas	£1 1s. 0d.

Entrants whose mother tongue is not English will be expected before acceptance to pass a qualifying examination in that language unless exemption has been obtained from the Tutor. A special examination fee of 10s. 6d. is payable.

Financial Assistance

Maintenance grants are available for students and enquiries about these should be addressed to the school.

APPENDIX II

THE NATIONAL ASSOCIATION FOR MENTAL HEALTH

Applicants for Community Mental Health Work appointed by the Association between 1945–1948

AGES:	20–24	25–30	31–40	41–50	Over 50	*Total*
	9	41	31	23	4	108

QUALIFICATIONS:

Degrees	17	
Probation Officers	2	
Social Science Diploma	55	
S.R.N.	6	
Teachers	6	
No academic qualifications	22	
		108

WHAT HAS HAPPENED TO THEM:

Took Mental Health Course	21	
Left to take training other than Mental Health Course	2	
Left to take Social Science Diploma	1	
Went into hospital service	5	
Went into Mental Health Department of local authority	2	
Went into other work	7	
Advised to take up other work	5	
Left because of illness	4	
Left on marriage	5	
Left for personal reasons	3	
Left this country	2	
Not known	2	
Still on staff of N.A.M.H.	49	
		108

NOTE.—Since the Autumn of 1948 an additional sixteen have taken or are taking Mental Health Courses.

APPENDIX III

List of Witnesses

The following organisations and individuals gave evidence before the Committee:

Organisation	*Represented by*
Association of Mental Health Workers	Miss O. K. Bowtell Miss S. F. Rogers
Association of Psychiatric Social Workers	Miss H. E. Howarth, M.A., A.M.I.A. Miss A. Le Mesurier, B.A. Miss K. M. Lewis, B.A., A.M.I.A.
Institute of Almoners	Miss E. M. Gough, A.M.I.A. Miss A. B. Read, A.M.I.A. Miss M. Steel, A.M.I.A.
National Association for Mental Health	Miss R. Addis Miss M. Hamilton, B.A.
London School of Economics and Political Science (University of London)	Professor T. H. Marshall, C.M.G., M.A. Miss Edith V. Eckhard, M.A. Miss L. A. Shaw, M.A.
Royal Medico-Psychological Association	Dr. N. H. M. Burke, M.R.C.S., L.R.C.P., D.P.M., J.P. Dr. Otho W. S. FitzGerald, M.A., M.D., B.Ch., D.P.M. Dr. T. P. Rees, O.B.E., B.Sc., M.D., B.Ch., M.R.C.P., D.P.M.
University of Edinburgh ...	Miss Nora Milnes, B.Sc. Miss F. Waldron, B.A.
University of Manchester ...	Miss M. Irvine, B.A.
Women Public Health Officers' Association	Mrs. M. E. Beck, M.A. Miss E. A. Knox Miss F. E. Lillywhite

Mr. W. H. Abbott, County Welfare Officer, Northamptonshire County Council.

Dr. Mary Capes, M.B., B.S., D.P.M., Medical Director, Child Guidance Clinic, Southampton.

Mr. H. J. Kotch, Mental Health Officer, Warwickshire County Council.

Professor D. R. MacCalman, M.D., Ch.B., M.R.C.P.E., Nuffield Professor of Psychiatry, University of Leeds.

Mr. S. J. Partridge, County Welfare Officer, East Riding of Yorkshire County Council.

Mr. H. Saunders, Superintendent District Officer, Kent County Council.

The following also submitted memoranda for consideration by the Committee:—

Advisory Committee on Psychiatry—No. 5 Metropolitan Hospital Region.
Association of Mental Health Workers.
Association of Municipal Corporations.
Association of Psychiatric Social Workers and Members of the Association.
British Federation of Social Workers.
County Councils Association.
Family Welfare Association.
Home Office (Probation Branch).

Institute of Almoners.
London County Council.
Mental After-Care Association.
National Assistance Board.
National Association of Authorised Officers.
National Association for Mental Health.
Royal Medico-Psychological Association.
Socialist Medical Association.
Birmingham University.
Bristol University.
University College, Cardiff.
Durham University (Newcastle Division).
Edinburgh University.
University College of the South West, Exeter.
University College, Hull.
Leeds University.
University College, Leicester.
Liverpool University.
Bedford College for Women ... ... } University
King's College of Household and Social Science ... } of
London School of Economics and Political Science } London
Manchester University.
Nottingham University.
Oxford University (Barnet House).
Reading University.
Sheffield University.
University College, Southampton.
University College, Swansea.
Mrs. E. M. Braddock, M.P. and Dr. C. M. Vaillant, M.A., M.B., B.Ch., M.R.C.P., D.P.M. (jointly).
Dame Myra Curtis, D.B.E., M.A., Principal, Newnham College, Cambridge.
Dr. Gerald Garmany, B.Sc., M.B., Ch.B., M.R.C.P., D.P.M., formerly Regional Psychiatrist, South West Metropolitan Regional Hospital Board.
Dr. S. W. Hinds, M.D., B.S., M.R.C.P., Lecturer in Preventive and Social Medicine, University of Bristol.
Professor W. Hobson, B.Sc., M.D., Ch.B., D.P.H., Department of Social and Industrial Medicine, Sheffield University.
Miss E. Hunter, B.A., Tutor and Adviser in Social Studies, University of London.
Dr. Colman Kenton, M.R.C.S., L.R.C.P., Regional Psychiatrist, North West Metropolitan Regional Hospital Board.
Professor Aubrey Lewis, M.D., B.S., F.R.C.P., Professor of Psychiatry, University of London.
Dr. Thomas Parr, M.D., Ch.B., D.P.M., formerly Assistant Administrative Medical Officer, South Western Regional Hospital Board.
Mr. H. Saunders, Superintendent District Officer, Kent County Council.
Mr. C. P. Thomas, B.A., Senior Assistant, University Extension Courses, University of London.
Dr. J. C. Sawle Thomas, M.R.C.P., D.P.M., Regional Psychiatrist, North East Metropolitan Regional Hospital Board.
Dr. R. F. Tredgold, M.A., M.D., B.Ch., D.P.M., Regional Psychiatrist, South East Metropolitan Regional Hospital Board.

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